2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM **DOCUMENT # L01000011377 Secretary of State** 1. Entity Name AMBER PUBLISHING, LLC Mailing Address Principal Place of Business 10 SEAGATE CHIVE 10 SEAGRIEDAVE PH1N **FH1N** NAPLES FL 34103 NAPLES, FL 34103 01072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3732447 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHEFFY, EDWARD K 321 FIFTH AVE S NAPLES, FL 34102 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PISTNER, PATRICIA NAME 10 SEAGATE DR, PH 1N STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 TITLE STREET ADDRESS UUUUUU251924 CITY-ST-ZIP - ม3/โ4/ีบีร์-ซีบีบีรีโ-บ11 50.00 IIILE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-21P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

istren, MERM

SIGNATURE

1-9-05