## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000011377**

1. Entity Name
AMBER PUBLISHING, LLC



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

10 SEAGATE DRIVE

PH-1N

NAPLES, FL 34103

Mailing Address

10 SEAGATE DRIVE

PH-1N

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34103



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3732447

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, EDWARD K 321 FIFTH AVE S NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the purpos	e of changing its registered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
the obliga	tions of registered agent.			

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algosture required when reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 000000610345 02/02/07-80018-004 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISTNER, PATRICIA 10 SEAGATE DR, PH 1N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE , NAME , STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

aturia Vistren, Magun

Mgm, 1-28-07