## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 16, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State	
DOCU	JMENT # L01	000012824			Seci	retary of State
1. Entity Name KLIKLI INTERNATIONAL PUBLISHING, LLC						
KLIKLIII	NIERNATIONAL F	PUBLISHING, LLC	· ·			
	ce of Business	Mailing Addre	ss -			
9706 ERICA	A COURT	PO BOX 880				
BOUA KATU	)N, FL 33496	BOCA RATO	I, FL 33488			
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F	O NOT	VRITE IN TH	IC CDACI		02102005No Chg-LLC	CR2E083 (10/03)
<b>F.</b>	JO NOI V	ALJERE IN EL	IS SPACE		4. FEI Number 22-3738691	Applied For Not Applicable
	•				5. Certificate of Status Desired	\$5.00 Additional
	S. Nome and Address	ss of Current Registered Agen			5. Certificate of Status Desired	Fee Required
<u> </u>	o. Name and Addres	ss of Current Registered Agen			and the second s	
	MARIA T	•			DO NOT W	RITE
9706 ERICA COURT BOCA RATON, FL 33496				•	• •	•
			ļ		IN THIS SP	ACE
8. The above	e named entity submits thi	is statement for the nurrose of c	ranging its registered of	fice or registers	ed agent, or both, in the State of Flo	rida. Lam familiar with and accept
the obliga	ations of registered agent.	as a management of the purpose of the	anging its registered of	noc or registere	a again, or bopy as the olate of the	mod. Talli formid will, allo accept
SIGNATURE		of registered agent and life if applicable.	(NOTE, Registered Ages			DATE
			(NOTE, NEGISCHIO AGE	ir signaturg required	wier i jed jateurig)	Unit
Ď	iling Fee is \$50.00 Due by May 1, 2005					
9.	MANA	GING MEMBERS/MANAGERS				
TITLE	MGR	····				
NAME STREET ADDRESS	TZAKIS, MARIA E 9706 ERICA COURT	•				
Cify-St-ZiP	BOCA RATON, FL 3					
TITLE					UOCIOCU	331942 3004/-016 SS.00
NAME STREET ADDRESS					02/16/05-t	1004/-U16 55.00
CITY-ST-ZIP						
TITLE	<del> </del>					
NAME						
STREET ADDRESS CITY-ST-ZIP			ļ		DO NOT W	RITE
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NAME					IN THIS SP	ACE
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TITLE					**************************************	
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TITLE NAME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florada 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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/10/05

Daytime Phone #