

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002830

FILED
Apr 19, 2005
Secretary of State

Entity Name: COLLINS-KIEFER PUBLISHING, LLC

Current Principal Place of Business:

400 GULF BREEZE PARKWAY, SUITE 201
GULF BREEZE, FL 32561

New Principal Place of Business:

1128 NESTLING COURT
GULF BREEZE, FL 32563

Current Mailing Address:

P.O. BOX 1421
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 04-3599536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DAVID L
400 GULF BREEZE PARKWAY, SUITE 201
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

KIEFER, BRYAN J
611 TEAL AVENUE
CELEBRATION, FL 34747 US

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.

SIGNATURE: BRYAN J. KIEFER

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: COLLINS, DAVID L
Address: 400 GULF BREEZE PARKWAY, SUITE 201
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: KIEFER, BRYAN J
Address: 400 GULF BREEZE PARKWAY, SUITE 201
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KIEFER, BRYAN J
Address: 611 TEAL AVE.
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRYAN J. KIEFER

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date