

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90349 011 \*\*\*\*50.00

**DOCUMENT # L02000004788**

1. Entity Name

LOCAL ADVANTAGE DIRECTORIES, LLC



Principal Place of Business

126 DUNCAN TRAIL  
LONGWOOD FL 32779

Mailing Address

126 DUNCAN TRAIL  
LONGWOOD FL 32779

2. Principal Place of Business

865 Sunshine Lane  
Suite 113

3. Mailing Address

PO Box 915146  
Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS  
Zip 32714 Country Seminole

City & State

LONGWOOD  
Zip 32791 Country Seminole

4. FEI Number

30-0048164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R ESQ  
1413 TROVILLION AVE.  
WINTER PARK FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME REID, RICHARD  
STREET ADDRESS 1607 CLUBVIEW DR.  
CITY-ST-ZIP AMARILLO TX 79129

TITLE MGR ☐ Delete  
NAME FUNARD, MICHAEL  
STREET ADDRESS 126 DUNCAN TRAIL  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition  
NAME FUNARD, MICHAEL  
STREET ADDRESS 602 BROADWAY LOOP  
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #

3-29-04 4076822200