
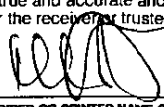


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90128 020 \*\*\*\*50.00

<b>DOCUMENT # L02000013763</b> 1. Entity Name <b>WEATHERVANE EDITIONS, LLC</b>					
Principal Place of Business <b>15020 EAGLEPARK PLACE LITHIA, FL 33547</b>			Mailing Address <b>15020 EAGLEPARK PLACE LITHIA, FL 33547</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>JACOBSON, RICHARD A 501-E-KENNEDY-BLVD., SUITE 1700 TAMPA, FL 33619</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STERN-JONES, KATHERINE V</b> <b>15020 EAGLEPARK PLACE</b> <b>LITHIA, FL 33547</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARNOLD, ANN</b> <b>5 ASHPOLE RD</b> <b>BOCKINHG NR BRAINTREE ESSEX, UK</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARNOLD, ANN</b> <b>5 ASHPOLE RD</b> <b>BOCKING NR BRAINTREE ESSEX UK</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STERN, COLIN V</b> <b>5 ASHPOLE RD</b> <b>BOCKINHG NR BRAINTREE ESSEX, UK</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STERN, TRISTAN A</b> <b>60 HUNTLY GROVE</b> <b>PETERBOROUGH, CAMBS, UK</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STERN, TRISTAN A</b> <b>21 TAWNEY STREET</b> <b>BOSTON, DE21 GPA U.K.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STERN, JAMES B</b> <b>15020 EAGLEPARK PLACE</b> <b>LITHIA, FL 33547</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Date: <b>1/6/04</b> (813) 376-1594		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					