

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90002 004 ****50.00

DOCUMENT # L02000013763

1. Entity Name
WEATHERVANE EDITIONS, LLC



Principal Place of Business
**1203 HIGH HAMMOCK DRIVE. APT 206
TAMPA FL 33619**

Mailing Address
**1203 HIGH HAMMOCK DRIVE. APT 206
TAMPA FL 33619**

2. Principal Place of Business
15020 EAGLEPARK PLACE

3. Mailing Address
15020 EAGLEPARK PLACE

Suite, Apt. #, etc.

City & State
LITHIA FL

City & State
LITHIA FL

Zip
33547

Country
HILLSBOROUGH

Zip
33547

Country
HILLSBOROUGH

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33619**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KATHERINE V STERN-JONES 15020 EAGLEPARK PLACE LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER ANN ARNOLD 5 ASHPOLE RD BOCKING NR BRAINTREE, ESSEX UK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER COLIN V. STERN 5 ASHPOLE RD BOCKING NR BRAINTREE ESSEX UK	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER TRISTAN A. STERN 60 HUNTLEY GROVE PETERBOROUGH, CAMBS U.K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER JAMES B. STERN 15020 EAGLEPARK PLACE LITHIA, FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)