## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 21, 2008 08:00 All Secretary of State DOCUMENT # L02000016507 1. Entity Name LESTER PUBLICATIONS, LLC Principal Place of Business Mailing Address 2131 N.W. 40TH TERRACE 2131 N.W. 40TH TERRACE SUITE A GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 04102008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0639193 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent NEUFELD, RALENE M DO NOT WRITE 2131 NW 40TH TERRACE SUITE A IN THIS SPACE **GAINESVILLE, FL 32605-5800** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/07/08-80104-015 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME LESTER, JEFF STREET ADDRESS 2131 N.W. 40TH TERRACE, SUITE A CITY-ST-ZIP GAINESVILLE, FL 32605 TILLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THUE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: IG MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

**FILED**