

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018858

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: OURBABYNEWS.COM, LLC

**Current Principal Place of Business:**

<UNUSED>  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

96319 PIEDMONT DR  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

FEI Number: 55-0790404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPHEIM, AARON  
96319 PIEDMONT DR  
FERNANDINA BEACH, FL 32034      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIBSON, SCOTT  
Address: 4728 PLANTATION DR  
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: MGRM ( ) Delete  
Name: GAULKE, JASON  
Address: 4979 HICKORY CT  
City-St-Zip: ELKHORN, WI 53121

Title: MGRM ( ) Delete  
Name: GAULKE, KATHERINE  
Address: 4979 HICKORY CT  
City-St-Zip: ELKHORN, WI 53121

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHERINE GAULKE

CFO

01/06/2008

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