2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90043 030 ****50.00

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1. Entity Name
ELIAS PUBLICATIONS, LLC

Principal Place of Business	Mailing Address
12319 TALL PINES WAY BRADENTON, FL 34202	PO BOX 49704 SARASOTA, FL 34230

04202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4757 Oak Run Dr	4757 Oak Run Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34243 Country: USA	Zip: 34243 Country: USA

4. FEI Number 42-1554543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELIAS, KEITH
12319 TALL PINES WAY
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name: Carolyn Davis
Street Address (P.O. Box Number is Not Acceptable): 4757 Oak Run Dr
City: Sarasota FL Zip Code 34243

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: Carolyn Davis DATE: 4/5/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIAS, KEITH J PO BOX 49704 SARASOTA, FL 34230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Elias, Keith J 4757 Oak Run Dr Sarasota FL 34243	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 4-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #