2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # L02000027595** 1. Entity Name 04-28-2004 90058 040 ****50 00 HARDWOOD ACRES PUBLISHING, LLC Principal Place of Business Mailing Address 4524 OLDE PLANTATION PLACE P.O. DRAWER 210249 24056757 DESTIN FL 32541 MONTGOMERY AL 36121 2. Principal Place of Business 3. Mailing Address 4203 Cougar Circle Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 54-2081256 NICENIE, FL Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. Todd Amstone ARMSTRONG, M. TODD Street Address (P.O. Box Number is Not Acceptable) 775 GULF SHORES DRIVE #9122 DESTIN FL 32541 4203 Congar Circle 8. The above named entity submits this arement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. I am familiar with, and accept the obligations of regis fered agent (NOTE: Registered Agent signature required when reinstating) nt and title if applicable. DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE ☐ Change TITLE Delete ☐ Addition NAME ARMSTRONG, MYERS NAME STREET ADDRESS 4524 OLDE PLANTATION PL STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE Armstrong, M. Todd 4203 Cologar Circle Nicente, FL 32578 ARMSTRONG, TODD NAME NAME STREET ADORESS. 775 GULF SHORES DR #9122 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 10 04 334-277-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED