
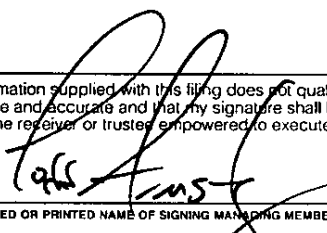


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90368 028 \*\*\*\*50.00

<b>DOCUMENT # L02000027595</b> 1. Entity Name <b>HARDWOOD ACRES PUBLISHING, LLC</b>					
Principal Place of Business <b>4203 COUGAR CIRCLE NICEVILLE, FL 32578</b>			Mailing Address <b>P.O. DRAWER 210249 MONTGOMERY, AL 36121</b>		
2. Principal Place of Business <b>4566 Hwy 20 EAST</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 206</b>		Suite, Apt. #, etc.			
City & State <b>Niceville, FL</b>		City & State			
Zip <b>32578</b>	Country <b>Okaloosa</b>	Zip	Country	4. FEI Number <b>54-2081256</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ARMSTRONG, M. TODD 4203 COUGAR CIRCLE NICEVILLE, FL 32578</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ARMSTRONG, MYERS 4524 OLDE PLANTATION PL DESTIN, FL 32541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARMSTRONG, M. TODD 4203 COUGAR CIRCLE NICEVILLE, FL 32578</b>	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		