

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027726

FILED  
May 24, 2005  
Secretary of State

**Entity Name:** ENTREE MAGAZINE OF FLORIDA, LLC

**Current Principal Place of Business:**

14519 JEKYLL ISLAND COURT  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

14519 JEKYLL ISLAND COURT  
NAPLES, FL 34119 US

**New Mailing Address:**

PMB 170 15275 COLLIER BLVD. #201  
NAPLES, FL 34119 US

FEI Number: 05-0536310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TALYOR, CARMEN E OWNER  
14519 JEKYLL ISLAND CT  
NAPLES, FL 34119 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: TAYLOR, CARMEN E OWNER  
Address: 14519 JEKYLL ISLAND CT  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MRS. (X) Change ( ) Addition  
Name: TAYLOR, CARMEN E OWNER  
Address: PMB 170 15275 COLLIER BLVD. #201  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN E. TAYLOR

MRS.

05/24/2005

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