


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000031564</b> <small>1. Entity Name</small> <b>THE MIAMI TIMES VENTURES, L.L.C.</b>	
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<small>Principal Place of Business</small> <b>900 N.W. 54TH STREET MIAMI, FL 33127</b>	<small>Mailing Address</small> <b>900 N.W. 54TH STREET MIAMI, FL 33127</b>
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03132006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

<small>4. FEI Number</small> <b>71-0916188</b>	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<b>\$5.00</b> <small>Additional Fee Required</small>
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<small>6. Name and Address of Current Registered Agent</small>  <b>NORRIS-WEEKS, BURNADETTE ESQ 100 SOUTHEAST 6TH STREET FT LAUDERDALE, FL 33301</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

*Rachel J. Reeves*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*03/21/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGRM REEVES, RACHEL J 900 NW 54 STREET MIAMI, FL 33127</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR REEVES, GARTH B 900 NW 54 STREET MIAMI, FL 33127</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGR REEVES, GARTH C 900 NW 54 STREET MIAMI, FL 33127</b>
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

*000004/9329*  
*04/08/06-80044-013 50.00*

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Rachel J. Reeves*

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

*3/21/06*

Date

*305-694-6210*

Daytime (Area #)