


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000031570	
1. Entity Name THE MIAMI TIMES ONLINE, L.L.C.	

Principal Place of Business 900 NW 54TH STREET MIAMI, FL 33127	Mailing Address 900 NW 54TH STREET MIAMI, FL 33127
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03132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0916185	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REEVES, RACHEL J 900 NW 54TH STREET MIAMI, FL 33127

**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* **DATE** 03/21/06
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REEVES, RACHEL J 900 NW 54TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REEVES, GARTH B 900 NW 54TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REEVES, GARTH C 900 NW 54TH STREET MIAMI, FL 33127
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04/08/06-80044-014 50.00

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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 605, Florida Statutes.

SIGNATURE: *Rachel J. Reeves* **DATE** 03/21/06 **Daytime Phone #** 305-694-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE