## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 16, 2005 08:00 AM Secretary of State **DOCUMENT # L02000032971** 1. Entity Name FAMILY VALUES PUBLICATIONS OF TAMPA BAY, L.C. Principal Place of Business Mailing Address 776 W. LUMSDEN RD., SUITE 101 776 W. LUMSDEN RD., SUITE 101 BRANDON, FL 33511 BRANDON, FL 33511 03312005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1994917 Not Applicable \$5.00 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GREGORY, DAVID J 776 W. LUMSDEN RD., SUITE 101 BRANDON, FL 33511 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U0000030<mark>876</mark>7 04/16/05-80010-020 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME GREGORY, DAVID J STREET ADDRESS 5420 DURANT RD. DOVER, FL 33527 CITY-ST-7IP TITLE NAME KEY, ADAM C 2016 PANKAW STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE GREGORY DAWN NAME STREET ADDRESS 5420 DURANT ROAD DO NOT WRITE CITY-ST-ZIP DOVER, FL 33527 IN THIS SPACE TITLE KEY, PAMELA T NAME STREET ADDRESS 2106 PANKAW CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP

fling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that into information supplied indicated on this report is true and accurate limited liability company or the receiver or tree. with this

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE VPEO OR PRINTED NAME OF ING MEMBER, OR AUTHORIZED REPRESENT