


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90124 006 ****50.00

DOCUMENT # L03000003905	
1. Entity Name PLAN B PUBLISHING, L.L.C.	

Principal Place of Business 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756	Mailing Address 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756
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24063195

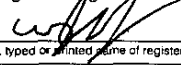


2. Principal Place of Business 3000 GULF TO BAY BLVD. Suite, Apt. #, etc. # 219 City & State CLEARWATER, FL Zip 33759 Country USA	3. Mailing Address 3000 GULF TO BAY BLVD Suite, Apt. #, etc. # 219 City & State CLEARWATER, FL Zip 33759 Country USA
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01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2314551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756	
7. Name and Address of New Registered Agent Name WILLIAM ARDIFF Street Address (P.O. Box Number is Not Acceptable) 3000 GULF TO BAY BLVD. # 219 City CLEARWATER FL Zip Code 33759	

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER WILLIAM ARDIFF 3000 GULF TO BAY BLVD # 219 CLEARWATER, FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  WILLIAM ARDIFF 4-28-04 727-791-9166

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

Date

Daytime Phone #