


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005904 1. Entity Name SAFARI PUBLISHING, LLC		
Principal Place of Business 2180 W SR 434 STE 6190 LONGWOOD, FL 32779	Mailing Address 2180 W SR 434 STE 6190 LONGWOOD, FL 32779	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ICARDI, JEFFREY A 2180 W SR 434 STE 6190 LONGWOOD, FL 32779		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICARDI, JEFFREY A 2180 W SR 434 STE 6190 LONGWOOD, FL 32779	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/25/06 Daytime Phone # 407-647-2811



01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0447481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

U00000403865
02/06/06-80024-019 50.00

**DO NOT WRITE
IN THIS SPACE**