

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90026 022 \*\*\*138.75

<b>DOCUMENT # L03000005904</b>					
<b>1. Entity Name</b> SAFARI PUBLISHING, LLC					
<b>Principal Place of Business</b> 2180 W SR 434 STE 6190 LONGWOOD, FL 32779			<b>Mailing Address</b> 2180 W SR 434 STE 6190 LONGWOOD, FL 32779		
<b>2. Principal Place of Business - No P.O. Box #</b> 549 WYMORE RD., NORTH Suite, Apt. #, etc. STE. 109 City & State MAITLAND, FL Zip 32751 Country ORANGE		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		60038514    04152008    Chg-LLC    CR2E083 (12/06)  <b>4. FEI Number</b> 51-0447481 Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>  ICARDI, JEFFREY A 2180 W SR 434 STE 6190 LONGWOOD, FL 32779	
<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 549 WYMORE RD., NORTH STE. 109 City MAITLAND    FL    Zip Code 32751				<b>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.</b>  SIGNATURE _____ DATE 4/15/08	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ICARDI, JEFFREY A 2180 W SR 434 STE 6190 LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>4/15/08</b> 407-647-1857					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					