


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90073 004 ****50.00

DOCUMENT # L03000011407					
1. Entity Name IN YOUR FACE ADVERTISING, LLC					
Principal Place of Business 1309 WHITEHEAD STREET KEY WEST, FL 33040			Mailing Address 1309 WHITEHEAD STREET KEY WEST, FL 33040		
2. Principal Place of Business <i>410 Caroline Street</i>		3. Mailing Address <i>P.O. Box 4951</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Key West FL</i>		City & State <i>Key West FL</i>		4. FEI Number <i>02 0690386</i>	
Zip <i>33040</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MOYER, AARON R 1309 WHITEHEAD STREET KEY WEST, FL 33040		Name <i>Lawrence K. Bradley, Jr.</i>			
		Street Address (P.O. Box Number is Not Acceptable) <i>410 Caroline Street</i>			
		City <i>Key West FL</i> Zip Code <i>33040</i>			
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 <i>[Signature]</i> DATE <i>6/21/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOYER, AARON R 1309 WHITEHEAD STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i>				Date <i>6/15/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>305/293 6990</i>	

14024256



06142004 Chg-LLC CR2E083 (10/03)