

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021091

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: FIRE STARTER PUBLISHING, L.L.C.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY, STE 6  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

913 GULF BREEZE PKWY, STE 6  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 65-1235454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUDER, QUINTON D  
913 GULF BREEZE PKWY, STE 6  
GULF BREEZE, FL 32561      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STUDER, QUINTON D  
Address: 913 GULF BREEZE PKWY, STE 6  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR (X) Delete  
Name: PORTER, BARRY G  
Address: 913 GULF BREEZE PKWY STE 6  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE STUDER GROUP, L., L.C.  
Address: 913 GULF BREEZE PKWY, STE 6  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY G. PORTER

MGRM

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date