
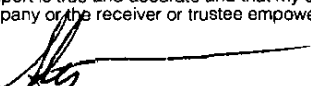


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90071 032 \*\*\*\*50.00

<b>DOCUMENT # L03000023535</b> 1. Entity Name <b>FOR SALE BY OWNER MAGAZINE OF FLORIDA, LLC</b>					
Principal Place of Business <b>3451 FAIR OAKS PLACE SARASOTA, FL 34239</b>			Mailing Address <b>3451 FAIR OAKS PLACE SARASOTA, FL 34239</b>		
2. Principal Place of Business <b>3103 Fruitville Rd.</b>		3. Mailing Address <b>3103 Fruitville Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>13-4262026</b>	
Zip <b>34237</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34237</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEBLANC, STEPHEN 3451 FAIR OAKS PLACE SARASOTA, FL 34239</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CORMIER, STEPHEN J 758.SORRENTO INLET NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEBLANC, STEPHEN 3451 FAIR OAKS PLACE SARASOTA, FL 34239</b>	<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			
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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.					
<b>SIGNATURE:</b> 			<b>4-27-04 941-362-8888</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		