

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038053

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** AUTOMOTIVE MAGAZINE ADVERTISING ASSOCIATION L.L.C.

**Current Principal Place of Business:**

5002 WINDOVER LANE  
LAKELAND, FL 33813

**New Principal Place of Business:**

2500 DRANE FIELD RD.  
SUITE 105  
LAKELAND, FL 33811

**Current Mailing Address:**

5002 WINDOVER LANE  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 76-0743827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATTERSON, DEBRA K  
5002 WINDOVER LANE  
LAKELAND, FL 33813      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: VP      ( ) Delete  
Name: PATTERSON, DEBRA K  
Address: 5002 WINDOVER LANE  
City-St-Zip: LAKELAND, FL 33813

Title: PRES      ( ) Delete  
Name: PATTERSON, CURTIS A  
Address: 5002 WINDOVER LN.  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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:** DEBRA K PATTERSON

VP

03/16/2009

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