
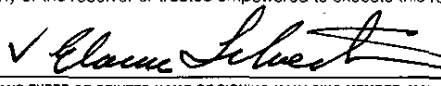


**2004 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90274 016 \*\*\*\*50.00

DOCUMENT # L03000043730					
1. Entity Name <b>AUTHOR'S FUTURE, LLC</b>					
Principal Place of Business C/O MARSHA G. MADORSKY 100 S.E. 2ND STREET STE. 4000 MIAMI, FL 33131			Mailing Address C/O MARSHA G. MADORSKY 100 S.E. 2ND STREET STE. 4000 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02032004			Chg-LLC		CR2E083 (10/03)
4. FEI Number 54-2134186				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CFRA, LLC</b> <b>ONE HARBOUR PLACE 5TH FLOOR</b> <b>777 S. HARBOUR ISLAND BOULEVARD</b> <b>TAMPA, FL 33601-3239</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERSTEIN, ELAINE 3361 SW 3RD AVENUE MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADORSKY, MARSHA G 100 SE 2ND ST. STE 4000 MIAMI, FL 33131	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			MANAGER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
MARSHA G. MADORSKY			(305) 530-0050		