

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057149

FILED
Jul 01, 2004
Secretary of State

Entity Name: LIFESTYLE PUBLICATIONS LLC

Current Principal Place of Business:

1320 N. LAKEMONT AVE.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1320 N. LAKEMONT AVE.
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-0816132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANDESIGN ADVERTISING FIRM, INC.
1320 N. LAKEMONT AVE.
WINTER PARK, FL 32792 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/MEMBERS:

Title: MGRM () Delete
Name: GRANDESIGN ADVERTISING FIRM, INC.
Address: 1320 N. LAKEMONT AVE.
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: PALM TREE MEDIA LLC,
Address: 2806 WINDSOR HILL DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: ABRAHAMIAN, MARY
Address: 6056 RALEIGH ST.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

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 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 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: FREDERICK L. HILMER

MGRM

07/01/2004

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