

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014889

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: COREOPSIS PUBLICATIONS, LLC

**Current Principal Place of Business:**

609 GARDEN STREET  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

609 GARDEN STREET  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 20-0780331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEWART, DAVID W  
4525 ABBOTT AVE.  
TITUSVILLE, FL 32780 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: STEWART, DAVID W  
Address: 609 GARDEN STREET  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM ( ) Delete  
Name: BECKER, MARSHA L  
Address: 1765 CANAL COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM (X) Delete  
Name: VEST, ANDREA C  
Address: 2610 WILMETTE AVE.  
City-St-Zip: TITUSVILLE, FL 32780

**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: DAVID W STEWART

MGRM

01/28/2005

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