


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-16-2007 90338 036 ****50.00

DOCUMENT # L04000028253 1. Entity Name BLUE FOX PUBLISHING, LLC					
Principal Place of Business P.O. BOX 9896 CORAL SPRINGS, FL 33075			Mailing Address P.O. BOX 9896 CORAL SPRINGS, FL 33075		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DEPENBROCK, EDWARD B 11776 W SAMPLE RD, STE 101 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name HOWARD E HAMMER CPA Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PINE ISLAND ROAD, #300 City PLANTATION FL Zip Code 33324		
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 <u><i>Howard E Hammer CPA</i></u> DATE <u>3/20/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM B.O.D. VENTURES, LLC P.O. BOX 9896 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Howard E Hammer CPA</i></u>			Date <u>4-30-07</u> Daytime Phone #		