


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90099 001 \*\*\*150.00

<b>DOCUMENT # L04000031687</b> 1. Entity Name <b>NO CASH NO CREDIT PUBLISHING LLC</b>					
Principal Place of Business <b>611 S. FORT HARRISON AVE SUITE 140 CLEARWATER, FL 33756</b>			Mailing Address <b>611 S. FORT HARRISON AVE SUITE 140 CLEARWATER, FL 33756</b>		
2. Principal Place of Business <b>3432 US Hwy 19</b> Suite, Apt. #, etc. <b>PMBR</b>		3. Mailing Address Suite, Apt. #, etc. <i>Suite</i>			
City & State <b>Holiday FL</b>		City & State City & State		4. FEI Number <b>43-2049490</b>	
Zip <b>34691</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DODGE, ADRIANA 611 S. FORT HARRISON AVE 140 CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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 DODGE, ADRIANA 611 S. FORT HARRISON # 140 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DODGE Adriana 3432 US Hwy 19 PMBR Holiday FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date <b>Apr 27/06</b> (727) 580 9743		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					