

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075917

Entity Name: CARMA PUBLISHING LLC

FILED  
Apr 14, 2006  
Secretary of State

**Current Principal Place of Business:**

9715 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9715 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 20-1957629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILLIER, JEFFREY G  
9715 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDEAU, B. CHRISTIAN  
Address: 219 POPPYVIEW DRIVE  
City-St-Zip: SACRAMENTO, CA 95812

Title: MGRM ( ) Delete  
Name: HILLIER, JEFFREY G  
Address: 9715 SAVANNAH ESTATES DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GORDEAU, B. CHRISTIAN  
Address: 1599 LAKEHILLS DRIVE  
City-St-Zip: EL DORADEO HILLS, CA 95762

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 Chapter 119, 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: JEFFREY HILLIER

MGRM

04/14/2006

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