## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 04-19-2005 90016 044 \*\*\*\*50.00 DOCUMENT # L04000081740 **OUR HOMETOWN PUBLISHING LLC** 20037672 Principal Place of Business Mailing Address 424 SW 4TH AVE PO BOX 433 TRENTON, FL 32693 US TRENTON, FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 02-0733602 - Not Applicable-Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPARD, CATRINA Street Address (P.O. Box Number is Not Acceptable) **424 SW 4TH AVE** TRENTON, FL 32693 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR KRAUS, BEVERLY TITLE Delete TITLE Change Addition NAME KRAUS, KEN NAME 10911 NW 3K+ PLACE STREET ADDRESS 10911 NW 31ST PLACE STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Chance ☐ Addition SHEPARD, CATRINA NAME NAME **424 SW 4TH AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRENTON, FL 32693 ☐ Change ☐ Addition Delete ] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SF-ZIP ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supptied with this filing does not qualify 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 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Apr 19, 2005 8:00 am Secretary of State