



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 012 ****50.00

DOCUMENT # L04000081740 1. Entity Name OUR HOMETOWN PUBLISHING LLC					
Principal Place of Business 424 SW 4TH AVE TRENTON, FL 32693 US			Mailing Address PO BOX 433 TRENTON, FL 32693		
2. Principal Place of Business 10911 NW 31st Place Suite, Apt. #, etc.		3. Mailing Address 10911 NW 31st Place Suite, Apt. #, etc.			
City & State Gainesville, FL Zip 32606 Country USA		City & State Gainesville, FL Zip 32606 Country USA		4. FEI Number 02-0733602 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SHEPARD, CATRINA 424 SW 4TH AVE TRENTON, FL 32693			7. Name and Address of New Registered Agent Name Kraus, Beverly Street Address (P.O. Box Number is Not Acceptable) 10911 NW 31st Place City Gainesville FL Zip Code 32606		
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>Catrina Shepard</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-13-06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUS, KEN 10911 NW 31ST PLACE GAINESVILLE, FL 32606 <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	MGR SHEPARD, CATRINA 424 SW 4TH AVE TRENTON, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shepard Catrina 636 NE 4th Ave. Trenton, FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUS, BEVERLY 10911 NW 31ST PL GAINESVILLE, FL 32606 <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		
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.					
SIGNATURE: <u>Beverly J. Kraus</u> <u>Beverly J. Kraus</u> <u>3-11-06</u> <u>352-514-9798</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					