


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000086863 1. Entity Name B/S PUBLICATIONS LLC	
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Principal Place of Business 2416 N. ESSEX AVE. HERNANDO, FL 34442	Mailing Address 2416 N. ESSEX AVE. HERNANDO, FL 34442
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1966079	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

CLARDY, JOHN S III  
 521 W. FORT ISLAND TRAIL  
 PLANTATION POINTE, SUITE A  
 CRYSTAL RIVER, FL 34429

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

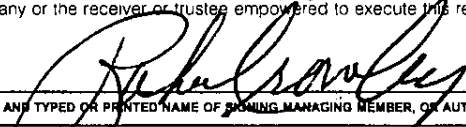
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWLEY, ROBERT P 708 W. TOUCAN LOOP HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOVICH, STANFORD A 210 E. GLASSBORO CT. HERNANDO, FL 34442
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U00000711347  
 04/26/07-80028-006 50.00

**DO NOT WRITE IN THIS SPACE**

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:  4-12-07 (352) 521-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #