

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90012 022 \*\*\*\*50.00

<b>DOCUMENT # L04000092060</b>			
1. Entity Name LAYERS MAGAZINE, L.L.C.			
Principal Place of Business 333 DOUGLAS ROAD EAST OLDSMAR, FL 34677		Mailing Address 333 DOUGLAS ROAD EAST OLDSMAR, FL 34677	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756		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 signatures required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P KELOH, SCOTT 214 HIGHLAND WOODS DR. SAFETY HARBOR, FL 34695	
		V KELOH, KALEORA 214 HIGHLAND WOODS DR. SAFETY HARBOR, FL 34695	
		T KENDRA, JEAN A. 3020 ASHLAND CLEARWATER, FL 33761	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied 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.			
SIGNATURE: <u>Jean A. Kendra</u>		Date: <u>4/22/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

JEAN A. KENDRA, TREASURER