

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032950

Entity Name: FLORIDA WISE MAGAZINE LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 541600-1600
LAKE WORTH, FL 33454

New Principal Place of Business:

P.O. BOX 541600
GREENACRES, FL 33454

Current Mailing Address:

P.O. BOX 541600-1600
LAKE WORTH, FL 33454

New Mailing Address:

P.O. BOX 541600
GREENACRES, FL 33454

FEI Number: 20-2621546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: ANDERSON, DAWN
Address: P.O. BOX 541600-1600
City-St-Zip: LAKE WORTH, FL 33454

Title: MGR () Delete
Name: ANDERSON, ANTHONY
Address: P.O. BOX 541600-1600
City-St-Zip: LAKE WORTH, FL 33454

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDERSON, DAWN
Address: P.O. BOX 541600
City-St-Zip: GREENACRES, FL 33454

Title: MGR (X) Change () Addition
Name: ANDERSON, ANTHONY
Address: P.O. BOX 541600
City-St-Zip: GREENACRES, FL 33454

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: ANTHONY ANDERSON

MGR

04/26/2006

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