

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036471

Entity Name: THE OBSERVER, LLC

FILED  
Sep 13, 2006  
Secretary of State

## Current Principal Place of Business:

1830 NE 5TH PLACE  
OCALA, FL 34470

## New Principal Place of Business:

17612 NW 238TH TERRACE  
HIGH SPRINGS, FL 32643

## Current Mailing Address:

1830 NE 5TH PLACE  
OCALA, FL 34470

## New Mailing Address:

PO BOX 2207  
HIGH SPRINGS, FL 32643

FEI Number: 20-2732755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LLEWELLYN, BARBARA  
1830 NE 5TH PLACE  
OCALA, FL 34470      US

## Name and Address of New Registered Agent:

LLEWELLYN, BARBARA A  
17612 NW 238TH TERRACE  
HIGH SPRINGS, FL 32643      US

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: BARBARA A. LLEWELLYN

09/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LLEWELLYN, BARBARA  
Address: 1830 NE 5TH PLACE  
City-St-Zip: Ocala, FL 34470

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: LLEWELLYN, BARBARA A  
Address: 17612 NW 238TH TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

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: BARBARA A. LLEWELLYN

MGR

09/13/2006

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