


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90252 010 \*\*\*\*50.00

<b>DOCUMENT # L05000038645</b>	
1. Entity Name <b>SNEWS LLC</b>	

Principal Place of Business <b>2700 PGA BLVD. 203- PALM BEACH GARDEN, FL 33410</b>	Mailing Address <b>2700 PGA BLVD 203- PALM BEACH GARDEN, FL 33410</b>
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**60047841**

2. Principal Place of Business - No P.O. Box # <b>500 UNIVERSITY BLVD.</b>	3. Mailing Address <b>500 UNIVERSITY BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 215</b>	Suite, Apt. #, etc. <b>SUITE 215</b>
City & State <b>JUPITER FL</b>	City & State <b>JUPITER, FL 33458</b>
Zip <b>33458</b>	Country <b>USA</b>



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DYTRYCH, MARTIN A 2700 PGA BLVD. 203- PALM BEACH GARDENS, FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>500 UNIVERSITY BLVD. SUITE 215</b> City <b>JUPITER FL</b> Zip Code <b>33458</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR D'ABO, HENRY ESTATE OFFICE, HALL FARM WESTON COLVILLE CAMBRIDGE, - CB15PE</b> <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
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/26/07*