


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90146 026 \*\*\*\*50.00

<b>DOCUMENT # L05000045123</b>	
1. Entity Name <b>AMARNA PUBLISHING, LLC</b>	

Principal Place of Business <b>P.O. BOX 2357 FT. LAUDERDALE, FL 33303</b>	Mailing Address <b>P.O. BOX 2357 FT. LAUDERDALE, FL 33303</b>
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**60004351**



2. Principal Place of Business - No P.O. Box # <b>411 N. New River Dr E Suite, Apt. #, etc. 701</b>	3. Mailing Address <b>411 N. New River Dr E Suite, Apt. #, etc. 701</b>
City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
Zip <b>33301-3719</b>	Country <b>USA</b>

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4128501</b>	Applied For <input type="checkbox"/> 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 <b>KOZLOWSKI, STEVEN R ESQ. C/O KOZLOWSKI LAW FIRM, P.A. 927 LINCOLN ROAD, SUITE 118 MIAMI BEACH, FL 33139</b>	7. Name and Address of New Registered Agent Name <b>RICHARD S. GORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>411 N. New River Dr E UNIT 701 FORT LAUDERDALE, FL 33301</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 *Richard S. Gore* DATE 1/18/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	MGR GORE, RICHARD S 411 NORTH NEW RIVER DRIVE EAST, UNIT 701 FT. LAUDERDALE, FL 33301 <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	MGR SPANGLER, DAVID 1600 N.E. 18TH AVENUE FT. LAUDERDALE, FL 33305 <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
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

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: *Richard S. Gore* DATE 1/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE