

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072267

Entity Name: STYLE PUBLICATIONS, LLC

FILED  
May 30, 2006  
Secretary of State

## Current Principal Place of Business:

2155 PINNACLE CIRCLE NORTH  
PALM HARBOR, FL 34684

## New Principal Place of Business:

## Current Mailing Address:

2155 PINNACLE CIRCLE NORTH  
PALM HARBOR, FL 34684

## New Mailing Address:

FEI Number: 20-3204264      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:

## Name and Address of New Registered Agent:

MORGADO, JOHN  
2155 PINNACLE CIRCLE NORTH  
PALM HARBOR, FL 34684      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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MORGADO, JOHN C MR  
Address: 2155 PINNACLE CIR N  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGRM ( ) Change (X) Addition  
Name: GONCALVES, PEDRO MR  
Address: 2155 PINNACLE CIR N  
City-St-Zip: PALM HARBOR, FL 34684 US

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: JOHN C MORGADO

MGRM

05/30/2006

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