

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90031 040 \*\*\*\*50.00

<b>DOCUMENT # L05000074584</b> 1. Entity Name LIQUID PUBLISHING, LLC																											
Principal Place of Business <del>1600 NE 205TH TERRACE</del> <del>NORTH MIAMI BEACH, FL 33179</del>		Mailing Address <del>1600 NE 205TH TERRACE</del> <del>NORTH MIAMI BEACH, FL 33179</del>																									
2. Principal Place of Business 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip 33179		3. Mailing Address 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip 33179																									
4. FEI Number 20-3241279		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03022006 Chg-LLC CR2E083 (11/05)																									
6. Name and Address of Current Registered Agent  ROSENBERG, ARTHUR R <del>4875 NORTH FEDERAL HIGHWAY</del> 7TH FLOOR FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4875 North Federal Highway City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><del>LQD ADRENALINA, LLC</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>1600 NE 205TH TERRACE</del></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><del>NORTH MIAMI BEACH, FL 33179</del></td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	<del>LQD ADRENALINA, LLC</del>		STREET ADDRESS	<del>1600 NE 205TH TERRACE</del>		CITY - ST - ZIP	<del>NORTH MIAMI BEACH, FL 33179</del>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LQD ADRENALINA, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20855 N.E. 16TH AVENUE, UNIT C16</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH MIAMI BEACH, FL 33179</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LQD ADRENALINA, LLC		STREET ADDRESS	20855 N.E. 16TH AVENUE, UNIT C16		CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/10/06 305-770-4488 <small>Date Daytime Phone #</small>																									