


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 028 ***138.75

DOCUMENT # L05000074584	
1. Entity Name LIQUID PUBLISHING, LLC	

Principal Place of Business 20855 NE 16TH AVE UNIT C16 NORTH MIAMI BEACH, FL 33179	Mailing Address 20855 NE 16TH AVE UNIT C16 NORTH MIAMI BEACH, FL 33179
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3241279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROSENBERG, ARTHUR R 1499 WEST PALMETTO PARK RD SUITE 300 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGM	<input checked="" type="checkbox"/> Delete	TITLE MGMR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LQD ADRENALINA, LLC		NAME Adrenalina Incorporated	
STREET ADDRESS 20855 NE 16TH AVE UNIT C16		STREET ADDRESS 20855 NE 16th Avenue, Unit C16	
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33179		CITY - ST - ZIP North Miami Beach, FL 33179	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Jeffrey Geller* **04/29/08** **305-770-4488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #