


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90055 049 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> L05000077917           |  |
| 1. Entity Name<br>WALDEN PUBLISHING, LLC |   |

|   |  |
|---|--|
| Principal Place of Business<br><del>1625 S. WASHINGTON AVENUE</del><br><del>SUITE D</del><br>TITUSVILLE, FL 32780 | Mailing Address<br>4217 S. Hopkins Ave<br><del>1625 S. WASHINGTON AVENUE</del><br><del>SUITE D</del><br>TITUSVILLE, FL 32780 |
|---|--|

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|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>4217 S HOPKINS AV | 3. Mailing Address<br>4217 S. HOPKINS AV |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                      |

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>TITUSVILLE, FL | City & State<br>TITUSVILLE, FL |
| Zip<br>32780                   | Country<br>FLORIDA             |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>WALDEN, SUSAN<br>1625 S. WASHINGTON AVENUE<br>SUITE D<br>TITUSVILLE, FL 32780 |  | 7. Name and Address of New Registered Agent<br>Name<br>LOUIS VENUTI<br>Street Address (P.O. Box Number is Not Acceptable)<br>400 ORANGE ST<br>City<br>TITUSVILLE FL Zip Code<br>32796 |  |
|--|--|---|--|

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 Louis Venuti LOUIS VENUTI 1-20-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WALDEN, SUSAN 4217 S. Hopkins Ave<br><del>1625 S. WASHINGTON AVENUE, SUITE D</del><br>TITUSVILLE, FL 32780 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 3675 ROSEHAVEN PLACE<br>TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Ausma Awala  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #