2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90019 049 ****50.00

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1. Entity Name
POLK PUBLISHING, LLC

Principal Place of Business
1614 SOUTH COMBEE ROAD
LAKELAND, FL 33801 US

Mailing Address
1614 SOUTH COMBEE ROAD
LAKELAND, FL 33801 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0678704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GIGLIO, RICHARD D ESQ.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name REBECCA R. GRAINGER
Street Address (P.O. Box Number is Not Acceptable) 1213 CYPRESS POINT EAST
City WINTER HAVEN FL Zip Code 33884

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 Rebecca Grainger REBECCA GRAINGER 6FEB2006
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	MGR	☐ Delete
NAME	GRAINGER, ANTHONY	
STREET ADDRESS	1614 SOUTH COMBEE ROAD	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: ANTHONY GRAINGER 6FEB2006 8636611313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #