

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090475

FILED
Apr 24, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PRESS, LLC

Current Principal Place of Business:

4560 LB MCLEOD ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4560 LB MCLEOD ROAD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-3469943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: STIFFLER, GARY
Address: 60 DELTA DRIVE
City-St-Zip: PAWTUCKER, RI 02860

Title: MGR () Delete
Name: STONE, JAMES F
Address: 30 KENNEDY PLAZA STE 400
City-St-Zip: PROVIDENCE, RI 02903

Title: MGR () Delete
Name: MCCLEARY, BENJAMIN W
Address: 30 KENNEDY PLAZA STE 400
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY STIFFLER

MGR

04/24/2009

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