

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000028589

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA REGIONAL PUBLISHING LLC

**Current Principal Place of Business:**

98 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

98 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 20-4511223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMILTON, RICHARD J  
98 ISLAND ESTATES PKWY  
PALM COAST, FL 32137 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:** MGRM      ( ) Delete  
**Name:** HAMILTON, RICHARD J  
**Address:** 98 ISLAND ESTATES PKWY  
**City-St-Zip:** PALM COAST, FL 32137 US

**ADDITIONS/CHANGES:**

**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:** RICHARD J.M. HAMILTON

MGRM

05/01/2009

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