

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90015 019 \*\*\*\*50.00

60054480



08082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4827468** Applied For  
Not Applicable

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

**DOCUMENT # L06000030028**  
1. Entity Name  
**BLUE TONE PUBLISHING, LLC**



Principal Place of Business  
**726 TEAL LANE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**726 TEAL LANE  
ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**2817 WEST END AVENUE**  
Suite, Apt. #, etc.  
**#126-265**  
City & State  
**NASHVILLE, TN**  
Zip Country  
**37203 US**

6. Name and Address of Current Registered Agent  
**CUMMING, CRAIG N  
726 TEAL LANE  
ALTAMONTE SPRINGS, FL 32701**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRACUM HOLDINGS, INCORPORATED 9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONCRIEFF, ANNA-PIAR S 512 OLD POST ROAD PORT JEFFERSON, NY 11777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONCRIEFF, ANNA-PIAR S 726 TEAL LANE ALTAMONTE SPRINGS, FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:** ANNA-PIAR S. MONCRIEFF **Aug 8, 2007** **631-512-2815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #