

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90035 033 ****55.00

DOCUMENT # L06000034473

1. Entity Name
**CAT EYES, BOOK AND MAGAZINE PUBLISHING
COMPANY, LLC**



Principal Place of Business
**17740 NW 67 AVENUE
APT 601
MIAMI, FL 33015 US**

Mailing Address
**17740 NW 67 AVENUE
APT 601
MIAMI, FL 33015 US**

60053055



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-4623621

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, LARRY
17740 NW 67 AVENUE
APT 601
MIAMI, FL 33015**

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

Larry Ellis

9/7/07

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 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	MGRM ELLIS, DENISE 17740 NW 67 AVENUE APT 601 MIAMI, FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Denise Ellis

9-7-07

(305)764-6378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #