

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034779

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE NEW AMERICAN PRESS, L.L.C.

Current Principal Place of Business:

619 NORTH DEVILLIERS STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER13626
PENSACOLA, FL 32591

New Mailing Address:

P.O. DRAWER 13626
PENSACOLA, FL 32591

FEI Number: 41-2192736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, F.L. SR.
619 NORTH DEVILLIERS STREET
PENSACOLA, FL 32501 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: LEROY, WALLACE F
Address: 619 NORTH DEVILLIERS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: LEROY-HERBERT, ANGELENA
Address: 619 NORTH DEVILLIERS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM () Delete
Name: LEROY, WALTER
Address: 619 NORTH DEVILLIERS STREET
City-St-Zip: PENSACOLA, FL 32501

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: ANGELENA LEROY-HERBERT

MGRM

04/25/2008

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