

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047340

Entity Name: AMFM PARTNERSHIP, LLC

FILED  
Mar 22, 2008  
Secretary of State

## Current Principal Place of Business:

7043 DUCK COVE ROAD  
TALLAHASSEE, FL 32312 US

## New Principal Place of Business:

## Current Mailing Address:

7043 DUCK COVE ROAD  
TALLAHASSEE, FL 32312 US

## New Mailing Address:

FEI Number: 20-4838423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, MARSHA  
7043 DUCK COVE ROAD  
TALLAHASSEE, FL 32312 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: MORRISON, MARSHA  
Address: 7043 DUCK COVE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete  
Name: ENGLISH, ANITA  
Address: 45 TEAKWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32506 US

Title: MGRM ( ) Delete  
Name: ENGLISH, MICHAEL  
Address: 292 HOGANS VALLEY WAY  
City-St-Zip: CARY, NC 27513 US

Title: MGRM ( ) Delete  
Name: WRIGHT, FRANCES  
Address: 3018 CREOLE WAY  
City-St-Zip: PENSACOLA, FL 32526 US

## 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:

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: MARSHA MORRISON

MGRM

03/22/2008

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