# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 20, 2009**
**Secretary of State**

DOCUMENT# L06000056331

**Entity Name:** HAMILTONBLAINE PUBLISHERS, LLC

**Current Principal Place of Business:**

324 W MORSE BLVD
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

324 W MORSE BLVD
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 26-3844585** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VOSE, GRETCHEN R
527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 US

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

VOSE, GRETCHEN R
324 W. MORSE BLVD.
WINTER PARK, FL 32789 US

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: GRETCHEN R.H. VOSE 03/20/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: VOSE, GRETCHEN R
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: REITER, BARRY A
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: VOSE, GRETCHEN R
Address: 324 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change ( ) Addition
Name: REITER, BARRY A
Address: 515 N. PARK AVE., SUITE 201
City-St-Zip: APOPKA, FL 32712

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: GRETCHEN R.H. VOSE MGRM 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date