2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000068707

1. Entity Name

MARKETPLACE EAST PUBLICATIONS, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

1769 AUTUMN ST. DELTONA, FL 32738 Mailing Address

1769 AUTUMN ST. DELTONA, FL 32738



01122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	_
76-0832786	 Not Applicable	е
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHARMAN, CHRIS B 1769 AUTUMN ST. DELTONA, FL 32738

DO NOT WRITE

		IN THI	IN THIS SPACE		
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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	, 04.	U00000885720 /18/08-30025-013 138.75		
-9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARMAN, CHRIS B 1769 AUTUMN ST. DELTONA, FL 32738				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>		
11. I hereby of indicated	certify that the information supplied with this filling does not q on this report is true and accurate and hat my signature so billy company of the receiver or trustee empowered to exe	ualify for the exemptions contained in Chapter 119, Florid all have the same legal effect as if made under oath; that the proof or required by Chapter 69, Eloyida Statut	a Statutes. I further certify that the information am a managing member or manager of the		