


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 032 ****50.00

DOCUMENT # L06000079154		
1. Entity Name THE CONNER MEDIA GROUP, LLC		

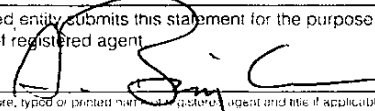
Principal Place of Business 16644 BRIGADOON DRIVE TAMPA FL 33618 US	Mailing Address 16644 BRIGADOON DRIVE TAMPA FL 33618 US
---	---

2. Principal Place of Business - No P.O. Box # 16644 BRIGADOON DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33618	Country USA

	
2nd MOORE	CR2E083 (4/07)
4. FEI Number 20-5358194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
CONNER, BENJAMIN 16644 BRIGADOON DRIVE TAMPA FL 33618	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

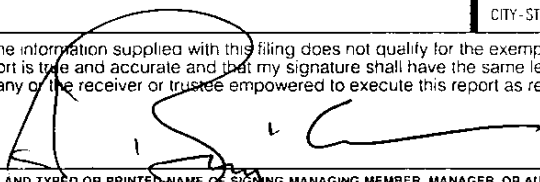
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By September 5, 2007	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNER, BENJAMIN 16644 BRIGADOON DRIVE TAMPA FL 33618 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

ATTACHMENT

60053493

L06000079154

7/20/07

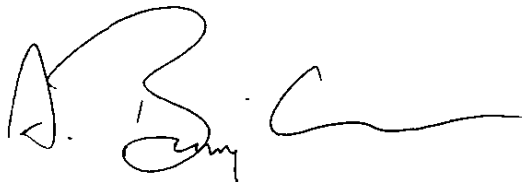
The Conner Media Group
16644 Brigadoon Drive
Tampa, FL 33618-1040

Dear Sir or Madam:

As of yet The Conner Media Group has not done any business. Therefore I have no report to file at this time. I do plan to start my company in the near future and do not wish to have the LLC dissolved at this time.

Please let me know what I need to do to prevent this from happening.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Benjamin Conner', with a long horizontal flourish extending to the right.

A. Benjamin Conner