2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# L07000069348

Entity Name: CONDOSAVVY MAGAZINE, LLC

Current Principal Place of Business:

1212 E. MOUNT VERNON STREET
ORLANDO, FL 32803

New Principal Place of Business:

509 N HILLSIDE AVENUE
ORLANDO, FL 32803

Current Mailing Address:

509 N. HILLSIDE AVE.
ORLANDO, FL 32803

New Mailing Address:

509 N HILLSIDE AVENUE
ORLANDO, FL 32803

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARDEN, STEPHANIE S
509 N. HILLSIDE AVE.
ORLANDO, FL 32803 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: BOIVIN, MARK R
Address: 722 CARVELL DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGR ( ) Delete
Name: DARDEN, STEPHANIE S
Address: 509 N. HILLSIDE AVE.
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Delete
Name: MARTIN, DAVID R
Address: 2601 BETHAWAY AVENUE
City-St-Zip: ORLANDO, FL 32806

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: STEPHANIE DARDEN MGR 02/04/2008

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