

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076121

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: PUB FT. LAUDERDALE, LLC

**Current Principal Place of Business:**

11340 MONTGOMERY ROAD, STE. 206  
CINCINNATI, OH 45249

**New Principal Place of Business:**

11340 MONTGOMERY ROAD, STE. 214  
CINCINNATI, OH 45249

**Current Mailing Address:**

11340 MONTGOMERY ROAD, STE. 206  
CINCINNATI, OH 45249

**New Mailing Address:**

11340 MONTGOMERY ROAD, STE. 214  
CINCINNATI, OH 45249

FEI Number: 26-0504201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SANDERS, GAYLE  
167 4TH STREET NORTH  
NAPLES, FL 34102 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: PUB HOLDING COMPANY, LLC  
Address: 11340 MONTGOMERY ROAD, STE. 206  
City-St-Zip: CINCINNATI, OH 45249

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PUB HOLDING COMPANY, LLC  
Address: 11340 MONTGOMERY ROAD, STE. 214  
City-St-Zip: CINCINNATI, OH 45249

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: DANIELLE CARLISLE

MRS

07/09/2008

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