

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90272 003 \*\*\*138.75

<b>DOCUMENT # L07000083369</b> 1. Entity Name <b>PANNA PUBLISHING LLC</b>																			
Principal Place of Business <b>5010 NW. 1ST AVE POMPAÑO BEACH, FL 33064 US</b>				Mailing Address <b>P.O. BOX 4141 DEERFIELD BEACH, 33442 US</b>															
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country																	
4. FEI Number 04232008 Chg-LLC CR2E083 (12/06)				<input checked="" type="checkbox"/> 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  <b>RUDOMINER, ARNOLD 5010 N.W. 1ST AVE POMPAÑO BEACH, FL 33064</b>															
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARNOLD, RUDOMINER</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O BOX 4141</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> </tr> </table>		TITLE	MGRM <input type="checkbox"/> Delete	NAME	ARNOLD, RUDOMINER	STREET ADDRESS	P.O BOX 4141	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442						
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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 606, Florida Statutes.																			
<b>SIGNATURE:</b> <u>Arnold Rudominer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/24/08</u> Daytime Phone # <u>(954) 773-3753</u>															