

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 18, 2008 8:00 am
Secretary of State**

04-18-2008 90159 042 ***138.75

DOCUMENT # L07000084074		
1. Entity Name PIPPA PUBLISHING LLC		

Principal Place of Business 1010-B EAST NEW HAVEN AVENUE MELBOURNE, FL 32901	Mailing Address 1010-B EAST NEW HAVEN AVENUE MELBOURNE, FL 32901
------------------------------------------------------------------------------------	------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRAHAMSON, BRIAN M 1010-B EAST NEW HAVEN AVENUE MELBOURNE, FL FL		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 Brian Abraham
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	
-----------------------------------------------------------------------	--

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMSON, BRIAN M	NAME	
STREET ADDRESS	2605 RANCH ROAD	STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. AMANT, ANGELA L	NAME	
STREET ADDRESS	507 CARRIAGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Angela L. Soffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Apr 15, 08 321-722-6000
Daytime Phone #

50004829



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <u>36-0722650</u>	Applied For <input type="checkbox"/>
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required