


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90018 016 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # L07000105245  |   |   |   |
| 1. Entity Name<br>WOLCOTT COMMUNITY NEWS, LLC.   |   |  |   |
| Principal Place of Business<br>3153 SHADY DELL LANE<br>MELBOURNE, FL 32935 US  |   | Mailing Address<br>18 HILLTOP DRIVE<br>WOLCOTT, CT 06716 US  |   |
| 2. Principal Place of Business - No P.O. Box #<br>3135 Shady Dell Lane<br>Suite, Apt. #, etc.<br>Unit 220<br>City & State<br>Melbourne, FL<br>Zip<br>32935 Country<br>USA  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country  |   |
| 4. FEI Number<br>20-5883408  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required  |   |  |   |
| 6. Name and Address of Current Registered Agent<br>MOORE, JULIE<br>3135 SHADY DELL LANE<br>MELBOURNE, FL 32935   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <i>Julie Moore</i> DATE <i>1-5-08</i><br><small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when re-registering)</small>   |   |  |   |
| FILE NOW!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$338.75   |   | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS / MANAGERS   |   | 10. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MOORE, JULIE<br>3935 SHADY DELL LANE UNIT 220<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add/In |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>MOORE, ROBERT<br>3935 SHADY DELL LANE UNIT 220<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add/In |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add/In |
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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. |   |  |   |

30001636



01042008 Chg-LLC CR2E083 (12/06)

*Julie Moore*  
*Managing Member*      *3-6-08*