

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125864

Entity Name: LK WILLIAMS PUBLICATIONS, LLC

FILED  
Sep 03, 2008  
Secretary of State

## Current Principal Place of Business:

6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 363  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 366  
JACKSONVILLE, FL 32244

## Current Mailing Address:

6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 363  
JACKSONVILLE, FL 32244

## New Mailing Address:

6001 ARGYLE FOREST BLVD  
SUITE 21 PMB 366  
JACKSONVILLE, FL 32244

FEI Number: 26-0659302      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:

HAGINS, TARSHA W  
1406 SINCLAIR LANE  
JACKSONVILLE, FL 32221      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: HAGINS, TARSHA W  
Address: 1406 SINCLAIR LANE  
City-St-Zip: JACKSONVILLE, FL 32221 US

## ADDITIONS/CHANGES:

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: TARSHA W HAGINS

MGR

09/03/2008

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