

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011199

**FILED  
Jan 06, 2010  
Secretary of State**

**Entity Name:** BROKEN SWORD PUBLICATIONS, LLC

**Current Principal Place of Business:**

9 DOLPHIN BLVD.  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

1004 ARBOR TRAILS CT.  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

9 DOLPHIN BLVD.  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

1004 ARBOR TRAILS CT.  
ST. AUGUSTINE, FL 32084 US

FEI Number: 26-4174032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, SANTINO J  
9 DOLPHIN BLVD.  
PONTE VEDRA BEACH, FL 32082 US

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

RIVERA, SANTINO J  
1004 ARBOR TRAILS CT.  
ST. AUGUSTINE, FL 32084 US

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:

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RIVERA, SANTINO J  
Address: 1004 ARBOIR TRAILS CT.  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby 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: SANTINO J. RIVERA

MGR

01/06/2010

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