

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95000000544**

1. Entity Name  
**YELLOW BRICK ROAD PUBLICATIONS, L.C.**



Principal Place of Business  
**321 DUANE PALMER BLVD  
SEBRING, FL 33876**

Mailing Address  
**321 DUANE PALMER BLVD  
SEBRING, FL 33876**



01162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1430732**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DECERBO, JOSEPH  
321 DUANE PALMER BLVD  
SEBRING, FL 33876**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DECERBO, JOSEPH  
321 DUANE PALMER BLVD  
SEBRING, FL 33876**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DECERBO, DEBORAH  
321 DUANE PALMER BLVD  
SEBRING, FL 33876**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DECERBO, THOMAS  
321 DUANE PALMER BLVD  
SEBRING, FL 33876**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DECERBO, REBECCA  
321 DUANE PALMER BLVD.  
SEBRING, FL 33876**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000186674  
01/21/05-80063-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-16-05**

Date

**863-655-0686**

Daytime Phone #