

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 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**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1430732

Applied For
Not Applicable

5. Certificate of Status Desired

X **\$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, 2006**

U000000510751~M
04/23/06-80021-008 55.00~M

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

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

(863)655-0686