## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L97000000582

Entity Name: NAE MEDIA/SARASOTA, L.C.

FILED Mar 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

325 GOLDEN GATE POINT 585 COMMONWEALTH PL #10W SARASOTA, FL 34242

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

P.O. BOX 2257 SARASOTA, FL 34230

FEI Number: 65-0758039 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NILBRINK, LARS

325 GOLDEN GATE POINT #10W

SARASOTA, FL 34236 US

ENGSTROM, ASTRID

585 COMMONWEALTH PL

SARASOTA, FL 34242 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: ASTRID ENGSTROM 03/14/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: NILBRINK, LARS Name: ENGSTROM, ASTRID
Address: 325 GOLDEN GATE POINT #10W Address: 585 COMMONWEALTH PLACE

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34242

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ENGSTROM, NILS
 Name:
 ENGSTROM, NILS AKE

 Address:
 585 COMMONWEALTH PLACE
 Address:
 585 COMMONWEALTH PLACE

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34242

 $\label{eq:title: VP (x) Delete Title: VP (X) Change () Addition} \end{minipage}$ 

 Name:
 NILBRINK, LARS
 Name:
 ENGSTROM, ASTRID

 Address:
 325 GOLDEN GATE POINT #10W
 Address:
 585 COMMONWEALTH PLACE

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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: ASTRID ENGSTROM MGR 03/14/2006