

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L99000005408

**FILED**  
**Aug 18, 2009**  
**Secretary of State****Entity Name:** ADMIRAL HOUSE PUBLISHING, L.L.C.**Current Principal Place of Business:**286 STEBBINS TERRACE  
PORT CHARLOTTE, FL 33952**New Principal Place of Business:****Current Mailing Address:**286 STEBBINS TERRACE  
PORT CHARLOTTE, FL 33952**New Mailing Address:****FEI Number:** 59-3605025**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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:** MUELLER, MICHAEL R  
**Address:** 286 STEBBINS TERRACE  
**City-St-Zip:** PORT CHARLOTTE, FL 33952**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SEC ( ) Change (X) Addition  
**Name:** DEMOTT, WESLEY A  
**Address:** 286 STEBBINS TERRACE SE  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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: MICHAEL R. MUELLER

MGR

08/18/2009

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