

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000772

Entity Name: QUAILMARK BOOKS, L.L.C.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

4500 EXECUTIVE DR., STE. 320  
NAPLES, FL 34119

## New Principal Place of Business:

4500 EXECUTIVE DRIVE  
SUITE 320  
NAPLES, FL 34119

## Current Mailing Address:

4500 EXECUTIVE DR., STE. 320  
NAPLES, FL 34119

## New Mailing Address:

4500 EXECUTIVE DRIVE  
SUITE 320  
NAPLES, FL 34119

FEI Number: 13-4112707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, THOMAS G  
C/O N MEDIA GROUP  
4500 EXECUTIVE DR., SUITE 320  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ.

04/23/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BROWN, THOMAS G  
Address: 4500 EXECUTIVE DR., STE. 320  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, THOMAS G  
Address: 4500 EXECUTIVE DRIVE, SUITE 320  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS G. BROWN

MGRM

04/23/2005

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