2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90172 023 ****55.00

DOCUMENT # M00000001408

1. Entity Name

ROURKE PUBLISHING, LLC

Principal Place of Business	Mailing Address
1701 A1A. SUITE 302 VERO BEACH FL 32963	1701 A1A. SUITE 302 VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1701 A1A	P.O. Box 3328
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32963 Country: USA	Zip: 32964 Country: USA

4. FEI Number 41-1978027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLANDREA, JAMES A 1701 A1A, SUITE 302 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLANDREA, A. JAMES 1701 A1A Suite 300 Vero Beach FL 32963	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUDORF, KENNETH F 601 2ND AVENUE SOUTH, SUITE 4600 MINNEAPOLIS MN 55402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUDORF, KENNETH F. 5050 LINCOLN DRIVE Suite 420 EDINA, MN 55436	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAFFEL, DAVID J 601 2ND AVE. SOUTH, SUITE 4600 MINNEAPOLIS MN 55402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAFFEL, DAVID J 5050 LINCOLN DRIVE Suite 420 EDINA, MN 55436	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED Controller 1/30/02 561-234-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #