2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000002067

1. Entity Name

BLUÉ SUN PUBLISHING, L.L.C.



Principal Place of Business

401 YELVINGTON AVE. CLEARWATER, FL 33755 Mailing Address

401 YELVINGTON AVE. CLEARWATER, FL 33755

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90081 023 ****50.00

PIUUTHIU



02162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3660428

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H 401 YELVINGTON AVE CLEARWATER, FL 33755

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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, 2004			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADHAM, CAROLYN 401 YELVINGTON AVE CLEARWATER, FL 33755		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I nereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

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

2/18/04

Daytime Phone #