

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90019 044 \*\*\*138.75

60031131



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3670971

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

THOMPSON, JEREMY ESQ.  
C/O BONNIER CORPORATION  
460 NORTH ORLANDO AVENUE  
WINTER PARK, FL 32789

## 7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete  
NAME SNOW, TERRY  
STREET ADDRESS 1486 ALABAMA  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Snow, Terry  
STREET ADDRESS 460 N. Orlando Avenue; Ste. 200  
CITY-ST-ZIP Winter Park, FL 32789

TITLE MGR ☐ Change ☒ Addition  
NAME Altman, Dan  
STREET ADDRESS 460 N. Orlando Avenue; Ste. 200  
CITY-ST-ZIP Winter Park, FL 32789

TITLE MGR ☐ Change ☒ Addition  
NAME Thompson, Jeremy  
STREET ADDRESS 460 N. Orlando Avenue; Ste. 200  
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-28-08

407-571-4715