

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90064 011 ****55.00

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1. Entity Name

BROWNSTONE PUBLISHING, LLC



Principal Place of Business

**1030 E. WASHINGTON STREET
INDIANAPOLIS, IN 46202**

Mailing Address

**1030 E. WASHINGTON STREET
INDIANAPOLIS, IN 46202**

20051311



07122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1436691

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OESTERLE, WILLIAM
STREET ADDRESS	1030 E. WASHINGTON STREET
CITY-ST-ZIP	INDIANAPOLIS, IN 46202
TITLE	MGR
NAME	HICKS BOWMAN, ANGELA R
STREET ADDRESS	11353 LOCH RAVEN BLVD
CITY-ST-ZIP	FISHERS, IN 46037
TITLE	MGR
NAME	BRENTON, SCOTT
STREET ADDRESS	5725 N WASHINGTON BLVD
CITY-ST-ZIP	INDIANAPOLIS, IN 46220
TITLE	MGR
NAME	MIDKIFF, KEITH
STREET ADDRESS	1030 E. WASHINGTON ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/25/06

(317) 803-3952