

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90330 005 \*\*\*\*50.00

**60047298**



04252007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M05000007046</b> 1. Entity Name <b>BROWNSTONE PUBLISHING, LLC</b>					
Principal Place of Business <b>1030 E. WASHINGTON STREET INDIANAPOLIS, IN 46202</b>			Mailing Address <b>1030 E. WASHINGTON STREET INDIANAPOLIS, IN 46202</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>31-1436691</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OESTERLE, WILLIAM 1030 E. WASHINGTON STREET INDIANAPOLIS, IN 46202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKS BOWMAN, ANGELAR 11353 LOCH RAVEN RD FISHERS, IN 46307	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENTON, SCOTT 5725 NORTH WASHINGTON BLVD INDIANAPOLIS, IN 46220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIDKIFF, KEITH 1030 EAST WASHINGTON ST INDIANAPOLIS, IN 46202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIDKIFF, KEITH 1030 EAST WASHINGTON ST INDIANAPOLIS, IN 46202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIDKIFF, KEITH 1030 EAST WASHINGTON ST INDIANAPOLIS, IN 46202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIDKIFF, KEITH 1030 EAST WASHINGTON ST INDIANAPOLIS, IN 46202	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <b>4/30/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					