


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90011 004 ****50.00

DOCUMENT # L01000000649

1. Entity Name
SILLY GROOVE ENTERTAINMENT, LLC



Principal Place of Business
10102 HIDDEN PLACE
MIAMI, FL 33156 US

Mailing Address
10102 HIDDEN PLACE
MIAMI, FL 33156 US

20037397

2. Principal Place of Business
501 BRICKELL KEY DRIVE
 Suite, Apt. #, etc.
SUITE 506
 City & State
MIAMI, FL
 Zip
33131 Country
USA

3. Mailing Address
501 BRICKELL KEY DRIVE
 Suite, Apt. #, etc.
SUITE 506
 City & State
MIAMI, FL
 Zip
33131 Country
USA



04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1078397

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLESINGER, MICHAEL J
10102 HIDDEN PLACE
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
SCHLESINGER, MICHAEL J

Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE

SUITE 506

City
MIAMI State
FL Zip Code
33131

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  DATE **4/11/05**

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

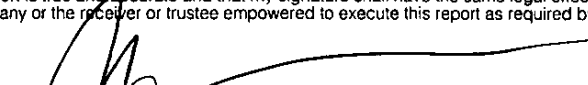
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	SILLY GROOVE HOLDINGS, LLC	10102 HIDDEN PLACE MIAMI, FL 33156	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	SCHLESINGER, MICHAEL J	501 BRICKELL KEY DRIVE, SUITE 506 MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4/11/05** (305) 373 8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #