2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# L03000029656

Entity Name: TALMADGE STUDIOS, LLC

Current Principal Place of Business:

1129 FLEMING ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

926 TRUMAN AVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 75-3126501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HEYWARD, TALMADGE
Address: 1129 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: RHOADES, SHIRRELL
Address: 814 GRINNELL ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Change (X) Addition
Name: KELLEY, ALBERT L
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALBERT L. KELLEY MGRM 04/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date