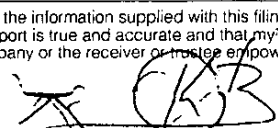


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90118 041 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000100744</b><br>1. Entity Name<br><b>FILMIKO LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                     |                                                                   |
| Principal Place of Business<br><b>1627 SW 37 AVENUE</b><br><b>400</b><br><b>MIAMI, FL 33145 US</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | Mailing Address<br><b>1627 SW 37 AVENUE</b><br><b>400</b><br><b>MIAMI, FL 33145 US</b>                                               |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1751 SW 11th TER.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | 3. Mailing Address<br><b>1751 SW 11th TER</b><br>Suite, Apt. #, etc.                                                                 |                                                                   |
| City & State<br><b>MIAMI FL.</b><br>Zip <b>33135</b> Country <b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      | City & State<br><b>MIAMI FL.</b><br>Zip <b>33135</b> Country <b>USA</b>                                                              |                                                                   |
| 4. FEI Number<br><b>20-3620036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      | <b>\$5.00</b> Additional Fee Required                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>O'BRIEN, KENNETH W</b><br><b>1627 SW 37 AVENUE</b><br><b>400</b><br><b>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | 10. ADDITIONS/CHANGES                                                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGRM</b><br><b>O'BRIEN, KENNETH W</b><br><b>1627 SW 37 AVENUE # 400</b><br><b>MIAMI, FL 33145</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      | Date <b>4/2/07</b> Daytime Phone # <b>786 5433433</b>                                                                                |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                                      |                                                                   |