2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# L04000032092

Entity Name: 3RD AVENUE RECORDING AND POST LTD. CO.

Current Principal Place of Business:

219 E. 3RD AVENUE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

219 E. 3RD AVENUE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 20-1082973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASKINS, WILLIS G
4439 RABBIT POND ROAD
TALLAHASSEE, FL 32309 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:	GASKINS, WILLIS G	
Address:	4439 RABBIT POND ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MGRM	(X) Delete
Name:	ST. PIERRE, GEORGE J IV	
Address:	1310 DIAMOND STREET	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	MGRM	(X) Delete
Name:	SHERLOCK, STEPHEN M	
Address:	5659 WOODVALLEY ROAD	
City-St-Zip:	TALLAHASSEE, FL 32311 US	

ADDITIONS/CHANGES:

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

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: WILLIS G. GASKINS MGRM 01/15/2005

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