

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013207

FILED  
Sep 07, 2007  
Secretary of State

Entity Name: SOMNIO INTERMEDIA, L.L.C.

**Current Principal Place of Business:**

915 HARMON  
WINTER PARK, FL 32789

**New Principal Place of Business:**

221 DRIGGS DR.  
#4103  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 4103  
WINTER PARK, FL 32793

**New Mailing Address:**

FEI Number: 06-1687854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BYRNE, B.  
915 HARMON  
WINTER PARK, FL 32789      US

**Name and Address of New Registered Agent:**

BYRNE, B.  
221 DRIGGS DR.  
#4103  
WINTER PARK, FL 32792      US

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: \_\_\_\_\_

09/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM      ( ) Delete  
Name:            BYRNE, J.  
Address:        P.O. BOX 4103  
City-St-Zip:    WINTER PARK, FL 32803

**ADDITIONS/CHANGES:**

Title:            MGRM      (X) Change ( ) Addition  
Name:            BYRNE, J.  
Address:        P.O. BOX 4103  
City-St-Zip:    WINTER PARK, FL 32793

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J. BYRNE

MGRM

09/07/2007

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