

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013207

**FILED**  
**Jul 23, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

221 DRIGGS DR.  
#4103  
WINTER PARK, FL 32792

**Current Mailing Address:**

501 N. ORLANDO AVE, SUITE 313, 298  
WINTER PARK, FL 32789

**New Principal Place of Business:**

501 N. ORLANDO AVENUE  
SUITE 313, #289  
WINTER PARK, FL 32789

**New Mailing Address:**

501 N. ORLANDO AVENUE  
SUITE 313, #289  
WINTER PARK, FL 32789

**FEI Number:** 06-1687854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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.  
221 DRIGGS DR.  
#4103  
WINTER PARK, FL 32792 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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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: JAIME BYRNE

MGRM

07/23/2008

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