

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000890

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** STUDIO X #3, L.L.C.

**Current Principal Place of Business:**

200 LESLIE DR.  
#548  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

400 LESLIE DR.  
#910  
HALLANDALE, FL 33009 US

**Current Mailing Address:**

200 LESLIE DR.  
#548  
HALLANDALE, FL 33009 US

**New Mailing Address:**

400 LESLIE DR.  
#910  
HALLANDALE, FL 33009 US

**FEI Number:** 65-0980698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABOCK, ARNON  
200 LESLIE DR.  
#548  
HALLANDALE, FL 33009 US

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

LABOCK, ARNON  
400 LESLIE DR.  
#910  
HALLANDALE, FL 33009 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: ARNON LABOCK

04/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LABOCK, ARNON  
Address: 200 LESLIE DR., #548  
City-St-Zip: HALLANDALE, FL 33009 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LABOCK, ARNON  
Address: 400 LESLIE DR., #910  
City-St-Zip: HALLANDALE, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNON LABOCK

MGR

04/10/2006

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