

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009666

Entity Name: E.I. PRODUCTIONS, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

2929 S.W. 3 AVE
SUITE 612
MIAMI, FL 33129

New Principal Place of Business:

4770 BISCAYNE BLVD.
SUITE 930
MIAMI, FL 33137

Current Mailing Address:

2929 S.W. 3 AVE.
SUITE 612
MIAMI, FL 33129

New Mailing Address:

4770 BISCAYNE BLVD.
SUITE 930
MIAMI, FL 33137

FEI Number: 65-1034559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, BRIAN L ESQ.
C/O CATLIN SAXON TUTTLE EVANS FINK & KOLSKI
26 DOUGLAS ROAD
CORAL GABLES, FL 33134 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: IGLESIAS, ENRIQUE
Address: 2929 S.W. 3 AVE S
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: SANCHEZ, JUAN C
Address: 2929 S.W. 3 AVE.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IGLESIAS, ENRIQUE
Address: 4770 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

Title: MGR (X) Change () Addition
Name: SANCHEZ, JUAN C
Address: 4770 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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: JUAN C. SANCHEZ

MGR

01/19/2006

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