

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90049 017 \*\*\*\*50.00

DOCUMENT # L00000011783

1. Entity Name  
SOUTH BEACH MUSIC, LLC



Principal Place of Business  
3179 ST. ANNES DR.  
BOCA RATON, FL 33496

Mailing Address  
3179 ST. ANNES DR.  
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

10 MINTZ ROSENFELD ELITE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450 7TH AVE. # 1701

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10123-1701

USA

03132006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1050194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVE, GERALD M  
3179 ST. ANNES DRIVE  
BOCA RATON, FL 33496-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME LOVE, GERALD M  
STREET ADDRESS 3199 ST. ANNES DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME ZAGER, MICHAEL  
STREET ADDRESS FAU 777 GLADE RD BDG 52 AH111  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/06

8561-297-0601

Date

Daytime Phone #