






# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90044 024 \*\*\*\*50.00

<b>DOCUMENT # L00000011783</b> 1. Entity Name <b>SOUTH BEACH MUSIC, LLC</b>							
Principal Place of Business <b>3179 ST. ANNES DR. BOCA RATON, FL 33496</b>			Mailing Address <b>C/O MINTZ ROSENFELD ELITE 450 7TH AVE 1701 NEW YORK, NY 10123-1701</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>C/O J.H. COHN, LLP 1212 6TH AVENUE,</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40088727</div>  <div style="margin-top: 10px;">           02082007    Chg-LLC    CR2E083 (12/06)         </div>			
City & State		City & State <b>NEW YORK, NY</b>					
Zip <b>10036</b>	Country <b>USA</b>	4. FEI Number <b>65-1050194</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40088727</div>  <div style="margin-top: 10px;">           02082007    Chg-LLC    CR2E083 (12/06)         </div>			
<b>6. Name and Address of Current Registered Agent</b> <b>LOVE, GERALD M 3179 ST. ANNES DRIVE BOCA RATON, FL 33496-2525</b>						<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40088727</div>  <div style="margin-top: 10px;">           02082007    Chg-LLC    CR2E083 (12/06)         </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40088727</div>  <div style="margin-top: 10px;">           02082007    Chg-LLC    CR2E083 (12/06)         </div>			
<b>9. MANAGING MEMBERS/MANAGERS</b>						<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, GERALD M 3199 ST. ANNES DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM LOVE, GERALD M 3179 ST. ANNES DRIVE BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAGER, MICHAEL FAU 777 GLADE RD BGD 52 AH111 BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM ZAGER, MICHAEL 7154 ARCADIA BAY CT. DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>4/23/07</b> Daytime Phone #: <b>561-998-4306</b>			