


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

04-06-2006 90300 015 ****50.00

DOCUMENT # L01000006642					
1. Entity Name ELECTRONIC INFORMATION AND ENTERTAINMENT LLC					
Principal Place of Business 46 BRIDLEGATE DR. CRAWFORDVILLE FL 32327			Mailing Address 46 BRIDLEGATE DR. CRAWFORDVILLE FL 32327		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3714368	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTUNG, MARK A 46 BRIDLEGATE DR. CRAWFORDVILLE FL 32327				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	<input type="checkbox"/> Delete				
NAME	MANAGER				
STREET ADDRESS	MARGRAF GROUP, LLC				
CITY- ST- ZIP	105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
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CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: <u>Mark A. Hartung (P.W. HARTUNG FOR MARGRAF GROUP, MAR)</u> 4/8/06 850-946-3072					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT
30008177
#L01000006642

Electronic Information & Entertainment, LLC
105 Magnolia Ridge
Crawfordville, FL 32327
(850) 926-3072

April 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Subject : Doc # L01000006642 (copy attached)

This is the proper registration information regarding Electronic Information & Entertainment, LLC :

MANAGING MEMBERS / MANAGERS

Title – Manager
Name – Marcrae Group, LLC
Street Address – 105 Magnolia Ridge
City State – Zip – Crawfordville, FL 32327

This has been a Manager operated LLC since it's inception. All other persons involved have been "Members" only.

All other information on the attached is correct. If you will forward a corrected record acceptable to you, we will sign and return upon receipt.


C. W. Hartung – MARCRAE GROUP, LLC