

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006067

1. Entity Name

DRAGONLAKE MEDIA & AGENCY SERVICES, LLC



Principal Place of Business

**9250-H ALTERNATE A1A
LAKE PARK, FL 33403**

Mailing Address

**9250-H ALTERNATE A1A
LAKE PARK, FL 33403**



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

03-0407542

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DONNINI, JAMES T
9250-H ALTERNATE A1A
LAKE PARK, FL 33403**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

**000000157182
05/06/04 00018 016 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DONNINI, GERALD J
STREET ADDRESS	9250-H ALTERNATE A1A
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	MGRM
NAME	DONNINI, JAMES T
STREET ADDRESS	9250-H ALTERNATE A1A
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	MGRM
NAME	ANN JONES, KIMBERLY
STREET ADDRESS	5304 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	MGRM
NAME	CAPICOTTI, JOSEPH M
STREET ADDRESS	8405 SE WOODCREST PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

[Handwritten Signature]

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

4-29-04

Date

561-863-6909

Daytime Phone #