

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90067 007 ****50.00

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		
2. Principal Place of Business 3501 SW CORPORATE PKWY Suite, Apt. #, etc.		3. Mailing Address 3501 SW CORPORATE PKWY Suite, Apt. #, etc.			
City & State Palm City, FL Zip 34990 Country USA		City & State Palm City, FL Zip 34990 Country USA		4. FEI Number 03-0407542	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DONNINI, JAMES T 9250-H ALTERNATE A1A LAKE PARK, FL 33403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3501 SW CORPORATE PKWY City Palm City FL Zip Code 34990		
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 re-stating) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONNINI, GERALD J 9250-H ALTERNATE A1A LAKE PARK, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3501 SW CORPORATE PKWY Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONNINI, JAMES T 9250-H ALTERNATE A1A LAKE PARK, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3501 SW CORPORATE PKWY Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPICOTTI, JOSEPH M 8405 SE WOODCREST PLACE HOBE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE:			4/27/06 772-288-0454		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
GERALD J. DONNINI					