

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012254

FILED
Jan 07, 2004
Secretary of State

Entity Name: MY STUDIO, LLC

Current Principal Place of Business:

7 TOWN CENTER LOOP
SUITE C-16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1616
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 73-1642521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATERSON, STEVEN
7 TOWN CENTER LOOP
SUITE C-16
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

PETERSON, STEVEN
7 TOWN CENTER LOOP
SUITE C-16
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: STEVEN PETERSON

01/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PETERSON, STEVEN
Address: 7 TOWN CENTER LOOP CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: PATTERSON, KAREN L
Address: 7 TOWN CENTER LOOP CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PETERSON, KAREN L
Address: 7 TOWN CENTER LOOP CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN PETERSON

MS

01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date