2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGHING MANEGIND HE

SECRETARY AM 9:34 DOCUMENT # L02000020486 1. Entity Name STUDIO 34 LLC Principal Place of Business Mailing Address 550 BILTMORE WAY, SUITE 890 550 BILTMORE WAY, SUITE 890 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 CR2E083 (11/05) 01232006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2286655 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 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 mostered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME ROUDNER, LEONARD STREET ADDRESS 550 BILTMORE WAY #890 CITY-ST-7IP CORAL GABLES, FL 33134 TITLE **600067316696** 03/07/06--01029--040 **50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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. 305-44-85

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