

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001995

Entity Name: MLR MUSIC, LLC

FILED  
May 19, 2008  
Secretary of State

**Current Principal Place of Business:**

481 NORTH STATE RD. 434, SUITE 105  
STE 105  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

481 NORTH STATE RD. 434, SUITE 105  
STE 105  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 61-1439885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIVERA, LIZELLE  
528 SHADOW GLENN PLACE  
WINTER SPRINGS, FL 32708      US

**Name and Address of New Registered Agent:**

RIVERA, LIZELLE  
749 PALMERSTON PLACE  
CASSELBERRY, FL 32707      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: LIZELLE RIVERA

05/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RIVERA, RAFAEL R  
Address: 528 SHADOW GLENN PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: RIVERA, RAFAEL R  
Address: 749 PALMERSTON PLACE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAFAEL R RIVERA

MGR

05/19/2008

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