## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 22, 2006 8:00 am Secretary of State **DOCUMENT # L03000009221** 1. Entity Name 08-22-2006 90007 047 \*\*\*\*50.00 ALL THAT I AM. LLC Principal Place of Business Mailing Address 911 CHESTNUT STREET 911 CHESTNUT STREET たいひひひひひび CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 05-0565860 Not Applicable Zip Country Zιο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET CLEARWATER, FL 33756 Zip Code 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. Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MGR ħπε ☐ Delete nne ☐ Change ☐ Addition CHINMUSIC MANAGEMENT, INC. NAME NAME STREET ADDRESS 911 CHESTNUT STREET STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-ZIP CITY-ST-ZIP Pers TITLE ☐ Delete DTI F ☐ Change ☐ Addition DANIEL LEE WARTIND NAME 1409 INVERNESS DR. STREET ADDRESS STREET ADDRESS EPRILIPHUL THE 3717A CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

8-16-06

615.579.7426

FILED