

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90050 016 ****50.00

DOCUMENT # L03000014295

1. Entity Name
L & J STUDIO LLC



Principal Place of Business
**7811 SW 88TH TERRACE
MIAMI, FL 33156**

Mailing Address
**7811 SW 88TH TERRACE
MIAMI, FL 33156**



2. Principal Place of Business 3300 NE 192th St Suite, Apt. #, etc. #1018		3. Mailing Address 2300 NE 192th Street Suite, Apt. #, etc. #1018	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA

01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1164474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FERAL, LYDIA 7811 SW 88TH TERRACE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Feral Lydia Street Address (P.O. Box Number is Not Acceptable) 3300 NE 192th St. #1018 City Aventura FL Zip Code 33180	
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERAL, LYDIA 7811 SW 88TH TERRACE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Feral, Lydia 3300 NE 192 th St #1018 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WITTELS, JILL 7811 SW 88TH TERRACE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WITTELS, JILL 3300 NE 192 th St #1018 Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/04