

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016219

Entity Name: STUDIO CB, L.L.C.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

150 NE 50 TERRACE
MIAMI, FL 33137

New Principal Place of Business:

6865 BAY DRIVE
#22
MIAMI BEACH, FL 33141

Current Mailing Address:

150 NE 50 TERRACE
MIAMI, FL 33137

New Mailing Address:

800 WEST AV
243
MIAMI BEACH, FL 33139

FEI Number: 20-0065095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, CARLOS
150 NE 50 TERRACE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

BETANCOURT, CARLOS
6865 BAY DRIVE
#22
MIAMI BEACH, FL 33141 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: CARLOS BETANCOURT

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BETANCOURT, CARLOS
Address: 6865 BAY DRIVE, UNIT 22
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BETANCOURT, CARLOS
Address: 6865 BAY DRIVE #22
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Change (X) Addition
Name: ALBERTO, LATORRE
Address: 6865 BAY DRIVE #22
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS BETANCOURT

MGMR

04/20/2006

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