

01/10/2006

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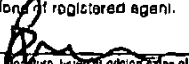
Amended 2005 AR

NO. 352

D02

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 Dec 31 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000033380			
1. Entity Name N MUSIC, L.L.C.			
Principal Place of Business 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316		Mailing Address 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316	
2. Principal Place of Business 12445 Keystone Island Drive Suite, Apt. #, etc.		3. Mailing Address 12445 Keystone Island Drive Suite, Apt. #, etc.	
City & State North Miami, FL		City & State North Miami, FL	
Zip 33181	Country	Zip 33181	Country
4. FEI Number 20-0701117		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, MIKE 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name: Brian Nunez Street Address (P.O. Box Number is Not Acceptable): 12445 Keystone Island Drive City: North Miami FL Zip Code: 33181	
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: 		DATE: 9/20/05	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NUNEZ, MIKE 2531 DEL LAGO DRIVE FORT LAUDERDALE, FL 33316 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Brian Nunez 12445 Keystone Island Drive North Miami, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 605, Florida Statutes.			
SIGNATURE: 		DATE: 9/20/05 954-728-9648	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	