

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008999

FILED
Jul 11, 2005
Secretary of State

Entity Name: L.A. VIDEO L.L.C.

Current Principal Place of Business:

2851 HENLEY RD, STE 105
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

2851 HENLEY RD, STE 105
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 02-0715615 **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:

FANSLER, B. SHANE
929-C BLANDING BLVD.
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FANSLER, B. SHANE
Address: 2938 RUSSELL OAKS DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: FANSLER, BRUCE R
Address: 3054 LEXI CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FANSLER, B. SHANE
Address: 2204 HIDDEN WATERS DRIVE WEST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: B. SHANE FANSLER

MGRM

07/11/2005

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