

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011447

FILED  
Jul 12, 2005  
Secretary of State

Entity Name: SPLASHLIGHT STUDIOS MIAMI LLC

## Current Principal Place of Business:

100 E. LINTON BLVD.  
LINTON TOWERS, STE 104B  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

622 SE 4TH AVE  
DELRAY BEACH, FL 33483

## Current Mailing Address:

100 E. LINTON BLVD.  
LINTON TOWERS, STE 104B  
DELRAY BEACH, FL 33483

## New Mailing Address:

622 SE 4TH AVE  
DELRAY BEACH, FL 33483

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

GEDDES, HENRY  
100 E. LINTON BLVD.  
LINTON TOWERS, STE 104B  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

GEDDES, HENRY  
622 SE 4TH AVE  
DELRAY BEACH, FL 33483 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: HENRY GEDDES

07/12/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: GEDDES, HENRY  
Address: 622 SE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

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: HENRY GEDDES

MGR

07/12/2005

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