

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020550

FILED
Jul 05, 2006
Secretary of State

Entity Name: LINWOOD AVE. STUDIOS, L.L.C.

Current Principal Place of Business:

1295 GRAND CANAL DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

10915 BONITA BEACH RD #1152
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

1295 GRAND CANAL DRIVE
NAPLES, FL 34110 US

New Mailing Address:

10915 BONITA BEACH RD # 1152
BONITA SPRINGS, FL 34135 US

FEI Number: 20-0931373 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:

KIRK, PATRICK
1295 GRAND CANAL DRIVE
NAPLES, FL 34110 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: KIRK, PATRICK
Address: 1295 GRAND CANAL DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM () Delete
Name: FOSTER, JEFFREY
Address: 1506 BLUE POINT ANENUE
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FOSTER, JEFFREY
Address: 3705 BUTTONWOOD WAY #1614
City-St-Zip: NAPLES, FL 34112 US

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: PATRICK KIRK

MGMR

07/05/2006

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