

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023123

Entity Name: ISLAND GIRL STUDIO, LLC

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

230 COLUMBUS CIRCLE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

230 COLUMBUS CIRCLE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 74-3117717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERMAN, SHARI R  
701 DENTON ROAD  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

SHERMAN, SHARI R  
230 COLUMBUS CIR  
LONGWOOD, FL 32750 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:

04/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHERMAN, SHARI R  
Address: 701 DENTON ROAD  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: SHERMAN, TIMOTHY B  
Address: 701 DENTON ROAD  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHERMAN, SHARI R  
Address: 230 COLUMBUS CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM (X) Change ( ) Addition  
Name: SHERMAN, TIMOTHY B  
Address: 230 COLUMBUS CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

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: SHARI R. SHERMAN

MGRM

04/11/2006

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