2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/7

FILED
Mar 08, 2005 8:00 am
Secretary of State

02-07-2005 90277 030 ****50.00

DOCUMENT # L04000024811

1. Entity Name
GENOVAR STUDIO LLC

Principal Place of Business	Mailing Address
312 SOUTH BUNGALOW PARK TAMPA FL 33609	312 SOUTH BUNGALOW PARK TAMPA FL 33609

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
312 S. Bungalow PL Park	"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa
Zip: 33609 Country: USA	Zip: FL 33609 Country: USA

4. FEI Number: 51-0507919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GENOVAR, LORRAINE C
312 SOUTH BUNGALOW PARK
TAMPA, FL 33609

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

8. The a... ...istered office or registered agent, or both, in ... with, and accept the ob...

SIGNAT... (Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENOVAR, LORRAINE C 312 SOUTH BUNGALOW PARK TAMPA, FL 33609 ☐ 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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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 608, Florida Statutes.

SIGNATURE: [signature] Lorraine C. Genovar 2/2/05 813879-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #