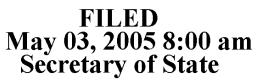
## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 04000029498 THE DAY



1. Entity Name LEATHERBURY STUDIO,L.L.C.			05-03-2005 90017 019 ****55.00	
Principal Place of Business 2202 ARBOUR WALK CIRCLE #2122 NAPLES, FL 34109 US	Mailing Address 2430 VANDERBILT BEAC #108-109 NAPLES, FL 34109	CH ROAD JS		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt, #, etc.		04082005 Chg-LLC CR2E083 (10/03)	
City & State	City & State		4. FEI Number Applied For 35.222937-7 Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registered Agent	
LEATHERBURY, ALICIA A			(P.O. Day Number in Not Acceptable)	
2202 ARBOUR WALK CIRCLE #2122		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
NAPLES, FL 34109		City	<b>□</b> Zip Code	
8. The above named entity submits this statement f	or the purpose of changing its re		FL Zip Code fered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.		gioloros omos or rogion	and agent, or some, in the state of Foreign Tan Hamilian was, and accept	
SIGNATURE Signature, typed or printed name of registered agen	Land title if applicable. (NOTE: F	Registered Agent signature require	ared when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Fiorida Department of State	
9. MANAGING MEMB		10.	ADDITIONS/CHANGES	
TITLE MGRM  NAME LEATHERBURY, ALICIA A  STREET ADDRESS 2202 ARBOUR WALK CIRCLE  NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CFTY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filling 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 be 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: 439.598.969				