2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000033034

1. Entity Name
DR. STONE PRODUCTIONS, LLC

Principal Place of Business	Mailing Address
90 ALTON ROAD #1611	90 ALTON ROAD #1611
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
51-0506445	Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, SUITE 2900
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000379861
01/10/06-80039-022 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COHN, PAUL M
STREET ADDRESS	90 ALTON RD #1611
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1/4/06   305-674-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #