

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 09, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000033034**

**1. Entity Name  
DR. STONE PRODUCTIONS, LLC**



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

**Mailing Address  
90 ALTON ROAD #1611  
MIAMI BEACH, FL 33139**



02062007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number 51-0506445</b>	<b>Applied For Not Applicable</b>
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**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**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2007**

U000000630153  
02/19/07-80030-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>MGRM COHN, PAUL M 90 ALTON RD #1611 MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE  
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:**

2/10/07

788-348-8600