

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053608

FILED
Apr 25, 2007
Secretary of State

Entity Name: STUDIO 5 6 7 8 LLC

Current Principal Place of Business:

2535 RIVER RIDGE DRIVE
ORLANDO, FL 32825 US

New Principal Place of Business:

3364 SOUTHPORT RD.
KISSIMMEE, FL 34746 US

Current Mailing Address:

2535 RIVER RIDGE DRIVE
ORLANDO, FL 32825 US

New Mailing Address:

3364 SOUTHPORT RD.
KISSIMMEE, FL 34746 US

FEI Number: 20-1551640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGIBBONS, MARY E
209 S. CLYDE AVE.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASPESLET-POZAR, JULIE E
Address: 2535 RIVER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: POZAR, MICHAEL A
Address: 2535 RIVER RIDGE DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASPESLET-POZAR, JULIE E
Address: 2637 EAGLE MEADOW LN.
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM (X) Change () Addition
Name: POZAR, MICHAEL A
Address: 2637 EAGLE MEADOW LN.
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. POZAR

MGRM

04/25/2007

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