

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061425

FILED
Apr 25, 2005
Secretary of State

Entity Name: GOOD TIMES/GOOD TUNES MUSIC TOGETHER LLC

Current Principal Place of Business:

4803 BAY CREST DRIVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4803 BAY CREST DRIVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 27-0107201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCALLISTER, LEAH
18103 PECAN GROVE STREET
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

MCALLISTER, LEAH B MRS.
18103 PECAN GROVE STREET
LUTZ, FL 33548 US

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: LEAH B MCALLISTER

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BABIS, CAROLIN
Address: 4803 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: MCALLISTER, LEAH
Address: 18103 PECAN GROVE PLACE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BABIS, CAROLINE K MRS.
Address: 4803 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM (X) Change () Addition
Name: MCALLISTER, LEAH B MRS.
Address: 18103 PECAN GROVE PLACE
City-St-Zip: LUTZ, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLINE K BABIS

MGRM

04/25/2005

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