

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070898

Entity Name: DULCE RECORDS LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

100 W HIDDEN VALLEY BLVD
#210
BOCA RATON, FL 33487

Current Mailing Address:

100 W HIDDEN VALLEY BLVD
#210
BOCA RATON, FL 33487

New Principal Place of Business:

500 N. CONGRESS AVE
#D305
DELRAY BEACH, FL 33445

New Mailing Address:

500 N. CONGRESS AVE
#D305
DELRAY BEACH, FL 33445

FEI Number: 16-1728855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PALUMBO, ADAM
100 W HIDDEN VALLEY BLVD
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

PALUMBO, ADAM
500 N. CONGRESS AVE
#D305
DELRAY BEACH, FL 33445 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: ADAM PALUMBO

07/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALUMBO, ADAM R
Address: 100 WEST HIDDEN VALLEY BLVD. APT. 210
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALUMBO, ADAM R
Address: 500 N. CONGRESS AVE #D305
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM PALUMBO

MGR

07/07/2006

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