


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90031 002 \*\*\*\*50.00

|  |   |                                 |  |  |   |
|--|---|---------------------------------|--|--|---|
| DOCUMENT # L04000074596  |   |                                 |  |         |   |
| 1. Entity Name<br>SOUND AND CINEMA , L.L.C.  |   |                                 |  |  |   |
| Principal Place of Business<br>349 HONEY COVE COURT<br>FORT WALTON BEACH, FL 32548   |   |                                 | Mailing Address<br>349 HONEY COVE COURT<br>FORT WALTON BEACH, FL 32548 |  |   |
| 2. Principal Place of Business   |   | 3. Mailing Address              |  |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |  |  |   |
| City & State   |   | City & State                    |  | 4. FEI Number<br>20-1749242  |   |
| Zip  |   | Country                         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent  |   |                                 |  | 7. Name and Address of New Registered Agent  |   |
| FOSTER, WILLIAM S<br>909 MAR WALT DRIVE<br>SUITE 1014<br>FORT WALTON BEACH, FL 32547   |   |                                 |  | Name<br>DAVIS, WILLIAM A.  |   |
|  |   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                       |   |
|  |   |                                 |  | 349 Honey Cove Ct., SW   |   |
|  |   |                                 |  | City<br>Fort Walton Beach  |   |
|  |   |                                 |  | FL Zip Code<br>32548   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |                                 |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>           |  |   |
| 9. MANAGING MEMBERS / MANAGERS   |   |                                 |  | 10. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>DAVIS, WILLIAM A<br>349 HONEY COVE COURT<br>FORT WALTON BEACH, FL 32548 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>William A. Davis</i> 4/11/06   |   |                                 |  |  |   |
| SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____  |   |                                 |  |  |   |

