


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 035 ****50.00

DOCUMENT # L04000083108 1. Entity Name METROPOLITAN ENTERTAINMENT MUSIC STUDIO LLC					
Principal Place of Business 1801 NE 164TH STREET NORTH MIAMI BEACH, FL 33162			Mailing Address 1801 NE 164TH STREET NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 07072005 Chg-LLC CR2E083 (10/03)			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent CUSTODIO, MARCIA 1611 NE MIAMI GARDENS DRIVE 209 NORTH MIAMI BEACH, FL 33179		
7. Name and Address of New Registered Agent Name Marcia Custodio Street Address (P.O. Box Number is Not Acceptable) 1801 NE 164th Street City North Miami Beach FL Zip Code 33162			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 Marcia Custodio DATE 7-7-05 <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSTODIO, MARCIA E 1611 NE MIAMI GARDENS DRIVE #209 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSTODIO, MARCIA E 1801 NE 164th Street NORTH MIAMI BEACH, FL 33162
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIZ, ANN R 1801 NE 164TH STREET NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIZ, ALFIE 1611 NE MIAMI GARDENS DRIVE #209 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTIZ, ALFIE 1801 NE 164th Street NORTH MIAMI BEACH, FL 33162
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 Marcia Custodio Date 7/7/05 Daytime Phone # 305-949-3383 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			(Empty)		