## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

Principal Place of Business   Mailing Address   4811 N. CLASSICAL BLVD   DILRAY BEACH, F. 33445	### AGENT RECURSIVE BEACH, FL 33445  ### AGENT B	1. Entity Nam	OCUMENT # L04000083943 Entity Name TUDIO 31M LLC				04-27-2005 90029 003 ****50.00				
### ABT I N. CLASSICAL BLVD DELRAY BEACH, FL 33445  ### AUTO- ### DELRAY BEACH, FL 33445  ##	ABT IN CLASSICAL RIVO   DELRAY BEACH, FL 33445   Suite   DELRAY	Principal Place	e of Business	Mailing Address			ļ				
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Country   Zip   Country   S.	Space   Country   Space   Country   Space   Country   Space	City & State	8	City & State			4. FEI Numb	per A O A A 3 T3			<u> </u>
S. Certificate of Status Desired   Fee Required    1. Name and Address of New Registered Agent    Name   Name    Name   Name    Name   Name   Name    Name   Name   Name   Name    Name   Name   Name   Name   Name    Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    Name   Nam	B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Normal  Normal  Normal  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City		0	7:-	Courter		20-11	948031			
Name	Name	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
MCMILLAN, ELLEN J 4811 N. CLASSICAL BLVD DELRAY BEACH, FL 33445  5. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Porida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE	MCMILLAN, ELLEN J   4811 N. CLASSICAL BLVD   Eliter NAVAGING MEMBERS / MANAGING MEMBERS		6. Name and Address of Current I	Registered Agent			7. Name an	d Address of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  City	Size of Address (P.O. Box Number is Not Acceptable)    City				1	Name					
BERTANDRESS CITY-SI-2P  DELRAY BEACH, FL 33445  City  FL Zip Code  City Change istered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or private name of registered agent and title if applicable.  Pilling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  MGR	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. Tam familiar with, and accept the obligations of registered agent.					Street Address (	P.O. Box Numb	er is Not Acceptable	9)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title I applicable. (NOTE Registered Agent signature required when reintating)   OATE	S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyand or privated registered agent and rise if applicable.   (NOTE: Registered Agent alphause required sheen reintating)				-						
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AUT. 42 TA	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET / CITY-ST TITLE NAME STREET /	ADDRESS .		· ·	· · ·	☐ Change	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #