

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090088

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PALM BAY STUDIOS 3, LLC

**Current Principal Place of Business:**

770 N.E. 69 STREET, STE. 5-D  
MIAMI, FL 33138

**New Principal Place of Business:**

770 N.E. 69 STREET, STE. 5-D  
SUITE 5-D  
MIAMI, FL 33138

**Current Mailing Address:**

770 N.E. 69 STREET, STE. 5-D  
MIAMI, FL 33138

**New Mailing Address:**

770 N.E. 69 STREET, STE. 5-D  
SUITE 5-D  
MIAMI, FL 33138

FEI Number: 73-1725201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLETTI, JOSEPH R  
4770 BISCAYNE BLVD.  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

COLLETTI, JOSEPH R  
4770 BISCAYNE BLVD.  
6TH FL  
MIAMI, FL 33137 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EHRLICH, PETER R JR  
Address: 770 N.E. 69 STREET, STE. 5-D  
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete  
Name: HOGLE, TIMOTHY  
Address: 720 N.E. 69 STREET, STE. 19 N  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER R. EHRLICH

MGR

04/30/2009

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