


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90420 009 ****50.00

DOCUMENT # L05000005604

1. Entity Name
I & I FILMS L.L.C.



Principal Place of Business
**555 NE 15TH STREET, SUITE 7719
 MIAMI, FL 33132**

Mailing Address
**555 NE 15TH STREET, SUITE 7719
 MIAMI, FL 33132**

20010692



2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
CP L. Alexander PA
 Suite, Apt. #, etc.
2 Stone Road Suite 2
 City & State
Peekskill NY
 Zip
10564
 Country
USA

01222006 Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2449568

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIBBS, SALAAM REMI
555 NE 15TH STREET, SUITE 7719
MIAMI, FL 33132

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBS, SALAAM REMI 555 NE 15TH STREET, SUITE 7719 MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Salaam Remi Gibbs* Date: 1/23/06 Daytime Phone #: (914) 988-9128