


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 046 ****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
**C/O L.ALEXANDER CPA
 2 STOWE RD SUITE 2
 PEEKSKILL, NY 10566**

60053255



2. Principal Place of Business - No P.O. Box #
8390 SW 94th St

3. Mailing Address
 Suite, Apt. #, etc. _____

07172007 Chg-LLC CR2E083 (12/06)

City & State
Miami FL

City & State _____

Zip
33156 Country **USA**

Zip _____ Country _____

4. FEI Number
52-2449867

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 **Salaam Remi Gibbs**
 Street Address (P.O. Box Number is Not Acceptable)
8390 SW 94th St
 City **Miami** FL Zip Code **33156**

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 *Salaam Gibbs* DATE **7/17/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007

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	Salaam Remi Gibbs 8390 SW 94th St Miami FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Salaam Gibbs* Date **7/17/07** Daytime Phone # **9147881128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #