2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012839 · 06 OCT 26 PH 2: 23 ENTERTAINMENT ASSISTANT LLC SEUNETARY OF STALL TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1832 NORTH DIXIE HIGHWAY 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 3. Mailing Address CO DIRHEUT 2. Principal Place of Business 3475 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 P46 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State PAUL BEACH. FLORIBA Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 33480 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAXMAN, JOHN T ESQ. Street Address (P.O. Box Number is Not Acceptable) 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 City FL Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00: Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MERM Delete IM F Change Addition TITLE HARK REMSON NAME NAME 3555 5. 0 CEAN BLUD#4170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP S. Palm Beach, FL 33480-5766 MERM Delete TITLE TITLE ☐ Change Addition SCOTT DIAMENT BUYD. PHG 3475 S. OCEAN BUYD. PHG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP **VSTATEMENT** TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IIDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 deceiver or trystige empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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