## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000033784

Entity Name: STUDIO +33 LLC

City-St-Zip:

WEST PALM BEACH, FL 33401 US

FILED Apr 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 CLEMATIS ST. **UNIT 201** WEST PALM BEACH, FL 33401 US **New Mailing Address: Current Mailing Address:** 325 WORTH AVE. VIA DE MARIO SUITE 5 PALM BEACH, FL 33480 FEI Number: 20-2895742 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GENEVIEVE, POITOUT F 325 WORTH AVE. VIA DE MARIO SUITE 5 PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GENEVIEVE, POITOUT F Name: Name: Address: 325 WORTH AVE. VIA DE MARIO #5 Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition GUY, POITOUT P Name: Name: Address: 325 WORTH AVE. VIA DE MARIO #5 Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition VINCENT, POITOUT E Name: Name: 400 CLEMATIS ST. UNIT 201 Address: Address:

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.

City-St-Zip:

SIGNATURE: GENEVIEVE POITOUT MM 04/26/2007