



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90034 048 ****55.00

DOCUMENT # L05000036557 1. Entity Name WORDS & MUSIC, LLC					
Principal Place of Business 1499 W. PALMETTO PARK ROAD, SUITE 153 BOCA RATON, FL 33486			Mailing Address 1499 W. PALMETTO PARK ROAD, SUITE 153 BOCA RATON, FL 33486		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04282006 Chg-LLC CR2E083 (11/05)	
City & State Zip Country		City & State Zip Country			
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-2666818</div>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY, SUITE 201 BOCA RATON, FL 33431				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	MGR SKOLNICK, SHELLEY 1499 W. PALMETTO PARK ROAD, SUITE 153 BOCA RATON, FL 33486	<input checked="" 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	MGR SKOLNICK, LOUIS 1499 W. PALMETTO PARK ROAD, SUITE 153 BOCA RATON, FL 33486	<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	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<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	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<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	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<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: <u><i>Jeffrey A. Levine</i></u> member 4-28-06 561-7501544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					