


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90090 020 ****50.00

DOCUMENT # L05000040316	
1. Entity Name STUDIO ONE - WELLINGTON GREEN, LLC	

Principal Place of Business 10690 SHADOW WOOD DRIVE, SUITE 110 HOUSTON TX 77043	Mailing Address 10690 SHADOW WOOD DRIVE, SUITE 110 HOUSTON TX 77043
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2. Principal Place of Business 10300 W Forest Hill Blvd Suite, Apt. #, etc. 282	3. Mailing Address Suite, Apt. #, etc.
City & State Wellington, FL	City & State
Zip 33414	Country Palm Beach



1st MOORE CR2E083 (10/05)

4. FEI Number 81-0670897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, JIM 14929 ARBOR SPRINGS CIRCLE, APT. 302 TAMPA FL 33609	
7. Name and Address of New Registered Agent Name Nichols, Jim Street Address (P.O. Box Number is Not Acceptable) 8178 Xanthus Lane City Wellington FL Zip Code 33414	

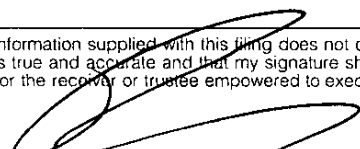
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Studio Management, Inc. 10690 Shadow Wood Dr #110 Houston, TX 77043 <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	MGRM James Nichols 8178 Xanthus Lane Wellington, FL 33414 <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	MGRM Marie M Nichols 8178 Xanthus Lane Wellington, FL 33414 <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 Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____