2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040316

Entity Name: STUDIO ONE - WELLINGTON GREEN, LLC

FILED Jun 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 S. PINE ISLAND ROAD, STE A-150 PLANTATION, FL 33323

Current Mailing Address: New Mailing Address:

950 S. PINE ISLAND ROAD, STE A-150 950 S. PINE ISLAND ROAD, STE A-150

PLANTATION, FL 33323 PLANTATION, FL 33324

FEI Number: 81-0670897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, JIM NICHOLS, JIM

950 S. PINE ISLAND ROAD, STE A-150 PLANTATION, FL 33323 US 950 S. PINE ISLAND ROAD, STE A-150 PLANTATION, FL 33324 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: 06/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 STUDIO MANAGEMENT, INC.
 Name:

 Address:
 14149 WESTFAIR EAST DRIVE
 Address:

 City-St-Zip:
 HOUSTON, TX 77041
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: NICHOLS, JAMES Name: NICHOLS, JAMES

 Address:
 13945 NW 22ND CT
 Address:
 950 S. PINE ISLAND ROAD, STE A-150

 City-St-Zip:
 PEMBROKE PINES, FL 330282826 US
 City-St-Zip:
 PLANTATION, FL 330282826 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: NICHOLS, MARIE M Name: NICHOLS, MARIE M

Address: 13945 NW 22ND CT Address: 950 S. PINE ISLAND ROAD, STE A-150

City-St-Zip: PEMBROKE PINES, FL 330282826 US City-St-Zip: PLANTATION, FL 33324 US

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.

SIGNATURE: JAMES NICHOLS MGRM 06/15/2009