2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L05000040630

Entity Name: STUDIO ONE - DOLPHIN, LLC

Current Principal Place of Business:

11401 NW 12TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10690 SHADOW WOOD DRIVE, SUITE 110
HOUSTON, TX 77043

New Mailing Address:

14149 WESTFAIR EAST DRIVE
HOUSTON, TX 77041

FEI Number: 81-0670896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

NICHOLS, JIM
8178 XANTHUS LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: STUDIO MANAGEMENT, I, NC.
Address: 10690 SHADOW WOOD DR. # 110
City-St-Zip: HOUSTON, TX 77043

Title: MGRM ( ) Delete
Name: NICHOLS, JAMES
Address: 9178 XANTHSU LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STUDIO MANAGEMENT, I, NC.
Address: 14149 WESTFAIR EAST DRIVE
City-St-Zip: HOUSTON, TX 77041

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JIM NICHOLS MGR 07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date