

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 043 ****50.00

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04252006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000044699 1. Entity Name RBD STUDIOS LLC					
Principal Place of Business 1 BLUEBILL AVE. SUITE 505 NAPLES, FL 34108			Mailing Address 1 BLUEBILL AVE. SUITE 505 NAPLES, FL 34108		
2. Principal Place of Business 24850 Old 41 Road		3. Mailing Address 24850 Old 41 Road			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2			
City & State Bonita Springs, FL		City & State Bonita Springs, FL			
Zip 34135	Country Lee	Zip 34135	Country Lee	4. FEI Number 20-2594312	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOAN, LUAN 1 BLUEBILL AVE. SUITE 505 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Luan Doan Street Address (P.O. Box Number is Not Acceptable) 15191 Cedarwood Lane Unit 2203 City Naples FL Zip Code 34110	
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	MGRM DOLLE, JASON 1 BLUEBILL AVE. 505 NAPLES, FL 34108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jason Dolle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21350 Lancaster Run. Unit 1426 Estero, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLISTON CONSULTING INC PO BOX 61596 FT MYERS, FL 33906 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric Elliston <input checked="" 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	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Luan Doan 15191 Cedarwood Lane Unit 2203 Naples, FL 34110	
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 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: (LUAN M. DOAN) 4.25.06 239.810.2771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					