

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064227

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: EBONY & IVORY ENTERTAINMENT, LLC

## Current Principal Place of Business:

P.O. BOX 6868  
LAKELAND, FL 33807 US

## New Principal Place of Business:

## Current Mailing Address:

6700 S. FLORIDA AVE  
SUITE 20  
LAKELAND, FL 33813 US

## New Mailing Address:

6700 S. FLORIDA AVE  
SUITE 25  
LAKELAND, FL 33813 US

FEI Number: 20-3067889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, ANDREW  
6700 S. FLORIDA AVE  
SUITE 20  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

MOORE, ANDREW  
6700 S. FLORIDA AVE  
SUITE 25  
LAKELAND, FL 33813 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: ANDREW MOORE

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOORE, ANDREW R  
Address: P.O. BOX 6868  
City-St-Zip: LAKELAND, FL 33807 US

Title: MGRM ( ) Delete  
Name: MOORE, ROBERT N  
Address: P.O. BOX 6868  
City-St-Zip: LAKELAND, FL 33807 US

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW MOORE

MGRM

04/24/2006

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