


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-17-2006 90034 008 ****50.00

DOCUMENT # L05000070051			
1. Entity Name 90 MILES PRODUCTIONS, LLC			
Principal Place of Business 14435 NW 83 PLACE MIAMI LAKES FL 33016		Mailing Address 14435 NW 83 PLACE MIAMI LAKES FL 33016	
2. Principal Place of Business 14435 NW 83 PL		3. Mailing Address 14435 NW 83 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Lakes FL		City & State Miami Lakes FL	
Zip 33016	Country U.S.	Zip 33016	Country U.S.
6. Name and Address of Current Registered Agent BATISTA, MONICA 14435 NW 83 PLACE MIAMI LAKES FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATISTA, MONICA 14435 NW 83 PL MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/7/06 (786) 234-1529
Date Daytime Phone #