2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State 02-27-2006 90423 028 ****50.00

DOCUMENT # L05000073931 1. Entity Name GOTHAM PROMO LLC						02-27-2000	90423 026	30.00
Principal Place of Business Mailing Address 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487 BOCA RATON, FL 33487						3000		1980) IA 1 <u>1</u> 0)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03202006	Chg-LLC	CR2E083 (11/05))
City & State		City & State	City & State		4. FEI Numbe	326963	_	optied For lot Applicable
Zip	Country	Zip	Country	Country		of Status Desired	S5.00 Ad Fee Require	Iditional
	6. Name and Address of Curre	nt Registered Agent	- 1		7. Name and	Address of New R	egistered Agent	
BELL BIT	пк		Nar	ne				
BELL, RUTI K 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487			Stre	Street Address (P.O. Box Number is Not Acceptable)				
			City				7in Cov	4-
The above named entity submits this statement for the purpose of changing its regist				City Zip Code red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligati	ions of registered agent.		-	-	-			
SIGNATURE .	Signature, typed or printed name of registered ag	ert and ide if spolicable. (NOT	E: Registered Agent	igrature required	I when reinstating)		CATE	
FI Di	ling Fee is \$50.00 ue by May 1, 2006						check payable to Department of Stat	te
9.	MANAGING MEM	BERS/MANAGERS	10.				Department of Stat	be
9. Title	MANAGING MEM	☐ Delete	TITLE			Florida	Department of Stat	Addition
9.	MANAGING MEM OB 11, Rul 14 3678 Princeton Plan	Ocieco		255		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM	Ocieco	TITLE NAME STREET ADOR	255		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEM OB 11, Rul 14 3678 Princeton Plan	Defene	TITLE NAME STREET ADOR CITY-ST-ZIP TITLE NAME			Florida	Department of Stat CHANGES Change	Addition
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r nerety cerury 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 cath; 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.

Cycles Companied Harris of Sicher Manager Manager, or Authorized Representative Dogs 511-988-1700 Deyone Prove 1 SIGNATURE: ______