


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

27. **FILED**
Feb 24, 2006 8:00 am
Secretary of State

02-02-2006 90091 003 ****50.00

DOCUMENT # L05000074543

1. Entity Name
THE MUSEUMS ONLINE, LLC



Principal Place of Business
**4800 N. FEDERAL HIGHWAY, SUIT 300-D
 BOCA RATON, FL 33431**

Mailing Address
**4800 N. FEDERAL HIGHWAY, SUIT 300-D
 BOCA RATON, FL 33431**



2. Principal Place of Business
812 N. Alfred St.

3. Mailing Address
812 N. Alfred St.

Suite, Apt. #, etc.
Apt. # 2

Suite, Apt. #, etc.
Apt. # 1

02012006 Chg-LLC CR2E083 (11/05)

City & State
West Hollywood, CA

City & State
West Hollywood, CA

Zip
90069

Country
USA

Country
USA

4. FEI Number
20-3225538

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELCER & LOUIS
 C/O JONATHAN D. LOUIS, ESQ.
 4800 NORTH FEDERAL HIGHWAY, SUITE 300-D
 BOCA RATON, FL 33431**

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: *[Signature]* *Authorized Representative 2/21/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning) DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAKINOGLO, DANA 812 N. ALFRED STREET, APARTMENT 1 WEST HOLLYWOOD, CA 90069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 118, 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]* *2/21/06 5612925606*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #
Authorized Representative



ATTACHMENT

30000970

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

THE MUSEUMS ONLINE, LLC
4800 N. FEDERAL HIGHWAY, SUIT 300-D
BOCA RATON, FL 33431

Subject: **THE MUSEUMS ONLINE, LLC**

Reference Number: **L05000074543**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

ATTACHMENT

30000970

LAW OFFICES OF #LO5000074543
MELCER & LOUIS
SANCTUARY CENTRE-SUITE 300-D
4800 NORTH FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33431
TELEPHONE (561) 392-5606
TELEFAX (561) 392-5533
www.melcerlaw.com

STEPHEN G. MELCER
BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES
JONATHAN D. LOUIS
OF COUNSEL
J. HAROLD KLOSHEIM, JR.
ADMITTED IN FLORIDA AND NEW YORK

February 21, 2006

Florida Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

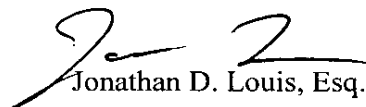
**Re: *The Museums Online, LLC
Annual Report***

Dear Madam/Sir,

With regard to the 2006 Limited Liability Company Annual Report ("Annual Report") for The Museums Online, LLC (the "Company"), please find attached the Annual Report revised as outlined herein. In compliance with your letter, dated February 6, 2006, a copy of which is attached hereto, the employer identification number of the Company has been inserted and the mailing address and principal place of business has been changed in the Annual Report. Please file this annual report and if you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,


Jonathan D. Louis, Esq.

Enclosure