


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 001 ****50.00

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|--|---|---|--|--|---|
| DOCUMENT # L05000075703 1. Entity Name MIAMI MUSIC & RECORDS, LLC | | | |  | |
| Principal Place of Business 20855 NORTHEAST 16TH AVENUE SUITE C16 NORTH MIAMI BEACH, FL 33179 US | | | Mailing Address 1600 NE 205TH TERRACE NORTH MIAMI BEACH, FL 33179 | | |
| 2. Principal Place of Business - No P.O. Box # 20855 NE 16th Ave. Suite, Apt. #, etc. Unit C16 City & State | | 3. Mailing Address 20855 NE 16th Ave. Suite, Apt. #, etc. Unit C16 City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3244442 | |
| | | USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 4875 N. FEDERAL HIGHWAY, 7TH FLOOR FT. LAUDERDALE, FL 33308 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1499 W. Palmetto Park Road, Suite 300 City Boca Raton FL Zip Code 33486 | | |
| 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, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LQD ADRENALINA, LLC 20855 NORTHEAST 16TH AVENUE SUITE C16 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LQD Adrenalina, LLC 20855 NE 16th Ave., Unit C16 <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 | <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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | JEFFREY GELLEN <small>Date</small> | | 305-770-4488 <small>Daytime Phone #</small> |