

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089697

FILED  
Mar 11, 2006  
Secretary of State

**Entity Name:** SITUATIONS LIKE THIS PRODUCTIONS, LLC

**Current Principal Place of Business:**

6113 SW 114 CT.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

6113 SW 114 CT.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 75-3199280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUILLEN, NATALIE  
Address: 6113 SW 114 CT.  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: BUSOLD, KRISTEN  
Address: 7991 SW 140 TERRACE  
City-St-Zip: MIAMI, FL 33158

Title: MGRM (X) Delete  
Name: ALVAREZ, EDWARD  
Address: 4600 SW 67 AVE.  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

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

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: NATALIE GUILLEN

MGRM

03/11/2006

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