


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90274 045 \*\*\*\*50.00

<b>DOCUMENT # L05000090073</b> 1. Entity Name <b>XTASIS MUSIC LLC</b>					
Principal Place of Business <b>455 NE 25 ST, SUITE 803 MIAMI, FL 33137 US</b>			Mailing Address <b>455 NE 25 ST, SUITE 803 MIAMI, FL 33137 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2000 NE 135 ST</b>		3. Mailing Address <b>2000 NE 135 ST</b>			
Suite, Apt. #, etc. <b>301</b>		Suite, Apt. #, etc. <b>301</b>			
City & State <b>North Miami</b>		City & State <b>North Miami</b>		4. FEI Number <b>20-3465376</b>	
Zip <b>33181</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROJO, FERNANDO 455 NE 25TH ST, # 803 MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name <b>ROJO FERNANDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 NE 135 ST # 301</b> City <b>North Miami</b> <b>FL</b> Zip Code <b>33181</b>			
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 <u><b>Fernando Rojo</b></u> <u><b>Fernando Rojo</b></u> <u><b>02/15/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROJO, FERNANDO 455 NE 25TH ST, UNIT 803 MIAMI, FL 33137</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HGRM ROJO FERNANDO 2000 NE 135 ST # 301 NORTH MIAMI FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROJO, LUIS E 455 NE 25TH ST, UNIT 803 MIAMI, FL 33137</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HGR ROJO, LUIS E 2000 NE 135 ST # 301 NORTH MIAMI FL 33181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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.					
<b>SIGNATURE: <u>Fernando Rojo</u> <u>Fernando Rojo</u> <u>02/15/07</u> <u>305-213-4165</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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