
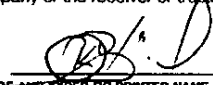


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90240 003 ****50.00

DOCUMENT # L05000100744				
1. Entity Name FILMIKO LLC				
Principal Place of Business 1627 SW 37 AVENUE 400 MIAMI, FL 33145 US		Mailing Address 1627 SW 37 AVENUE 400 MIAMI, FL 33145 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3620036
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
\$5.00 Additional Fee Required				05092006 Chg-LLC CR2E083 (11/05)
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
O'BRIEN, KENNETH W 1627 SW 37 AVENUE 400 MIAMI, FL 33145			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'BRIEN, KENNETH W 1627 SW 37 AVENUE # 400 MIAMI, FL 33145	<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		
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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"/> Delete		
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: 		KENNETH O'BRIEN		5/9/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>
				7865433433