


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90019 048 ****50.00

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| DOCUMENT # L05000104324 1. Entity Name FLORIDA PROJECTION LLC | |  | |
| Principal Place of Business 436 N.E. 71 STREET MIAMI, FL 33138 | | Mailing Address P.O. BOX 414459 MIAMI, FL 33141 | |
| 2. Principal Place of Business 436 NE 71 ST Suite, Apt. #, etc. MIAMI FL City & State | | 3. Mailing Address P.O. Box 414459 Suite, Apt. #, etc. MIAMI BEACH, FL City & State | |
| Zip 33138 | Country USA | Zip 33141 | Country USA |
| 6. Name and Address of Current Registered Agent MORENO, JENNY A 436 N.E. 71 STREET MIAMI, FL 33138 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) Signature, typed or printed name of registered agent and title if applicable. DATE | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MORENO, JAVIER A 436 N.E. 71 STREET MIAMI, FL 33138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MORENO, JENNY A 436 N.E. 71 STREET MIAMI, FL 33138 <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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date 04-12-07 Daytime Phone # | |