

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90033 029 \*\*\*\*50.00  
05-02-2006 90040 046 \*\*\*\*50.00

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04272006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000109016</b> 1. Entity Name <b>CAVANAUGH ENTERTAINMENT GROUP, LLC</b>					
Principal Place of Business <b>35 N. HIBISCUS DRIVE</b> <b>MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>35 N. HIBISCUS DRIVE</b> <b>MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KROOP, RICHARD I</b> <b>800 WEST AVE</b> <b>C-1</b> <b>MIAMI BEACH, FL 33139</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2008</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	CAVANAUGH, JAMES JR		NAME		
STREET ADDRESS	35 N. HIBISCUS DRIVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:			Date: <b>4/27/06</b> Daytime Phone: <b>305-528-8000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					