


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90079 043 \*\*\*\*\*55.00

<b>DOCUMENT # L05000110193</b>	
1. Entity Name <b>ARCO IRIS MUSICAL L.L.C.</b>	

Principal Place of Business <b>3265 ROYAL PALM AVE FORT MYERS, FL 33901</b>	Mailing Address <b>P.O. BOX 62352 FORT MYERS, FL 33906</b>
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**60019008**



2. Principal Place of Business - No P.O. Box # <b>10432 Bonita Beach Rd</b>	3. Mailing Address <b>10432 Bonita Beach Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312007 Chg-LLC CR2E083 (12/06)

City & State <b>Bonita Springs, FL</b>	City & State <b>Bonita spring, FL</b>
Zip <b>34135</b>	Zip <b>34135</b>
Country <b>Lee</b>	Country <b>Lee</b>

4. FEI Number <b>83-0441393</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HOWAIH, SABREEN R 3265 ROYAL PALM AVE FORT MYERS, FL 33901</b>	
7. Name and Address of New Registered Agent Name <b>Howaih, Sabreen R</b> Street Address (P.O. Box Number is Not Acceptable) <b>3155 Antica st.</b> City <b>Ft. Myers, FL</b> Zip Code <b>33905</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 **Sabreen Howaih** DATE **2/16/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWAIH, SABREEN R <b>3155 Antica st.</b> <b>Ft. Myers, FL 33905</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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.

SIGNATURE: **Sabreen Howaih** DATE **2/16/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE