

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-22-2006 90128 001 ***200.00

DOCUMENT # L05000122256 1. Entity Name FUTURE CONNECTIONS ENTERTAINMENT, LLC					
Principal Place of Business 1777 NW 79 AVENUE MIAMI, FL 33126			Mailing Address 1777 NW 79 AVENUE MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02142008 Chg-LLC CR2E083 (11/05)	
4. FEI Number 80-3988362				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ORSHAN, ROBERT 150 ALHAMBRA CIRCLE 1150 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)					
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			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
MGR FUTURE CONNECTIONS HOLDING, LLC 1777 NW 79 AVENUE MIAMI, FL 33126 ☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☐ 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: _____ 2/16/06 305-640-0293 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT

30002575
#L05000122256

Bill Payment Stub

Check Date: 2/15/2006

Check No.: 5236

Check Amount: 200.00

Future Connections, LLC
1777 N.W. 79th Avenue
Miami, FL 33126

Paid To: Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
2/1/2006	Bill	L05000122262 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122256 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122253 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122255 - 2006	50.00	50.00		50.00

Check Amount

200.00