

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-26-2007 90306 045 ****50.00

DOCUMENT # L06000011690 1. Entity Name METROSTUDIO, L.L.C.					
Principal Place of Business 1580 SAWGRASS CORPORATE PARKWAY, SUITE 130 SUNRISE, FL 33323				Mailing Address 1580 SAWGRASS CORPORATE PARKWAY, SUITE 130 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box # 1934 Hollywood Blvd 2nd Fl.		3. Mailing Address 1934 Hollywood Blvd 2nd FL		 30002706	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110			
City & State Hollywood 33020		City & State Hollywood			
Zip 33020		Zip 33020			
4. FEI Number 20-42 32 309				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02162007 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent GUZMAN, MARIO I GUZMAN & GUZMAN, P.A. 9130 S. DADELAND BOULEVAARD, SUITE #1504 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD STE 1600 City Miami State FL Zip Code 33156	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 ROSMAN, DAVID 21200 POINT PLACE APT. #2702 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSMAN, ALEJANDRO 21205 YATCH CLUB DRIVE APT. #2404 AVENTURA, FL 33180	<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			
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: DAVID ROSMAN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/19/07 Daytime Phone # 305-216-9286		