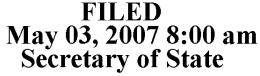
## 2007 LIMITED LIABILITY COMMITTED

## ANNUAL REPORT DOCUMENT # L06000111202



WEST COAST MUSIC & GAMES LLC					)   '	05-03-200	17 90254 0	41 ******	50.00
Principal Place of Business 7322 MANATEE AVE W. #318 BRADENTON, FL 34209 US		Mailing Address 7322 MANATEE AVE W. #318 BRADENTON, FL 34209 US			60047910				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			.04302007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Number	-/532	729		pplied For ot Applicable	
Zip	Country	Zip	D Count		Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent				nd Address of New Registered Agent			
HILLABRAND, BONNIE 7322 MANATEE AVE W #318 BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Ref.)  Filling Fee is \$50.00  Due by May 1, 2007			>	d office or registe		<u>5</u>	DATE  DATE  La Department	/able to	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLABRAND, SCOTT M 7322 MANATEE AVE W #318 BRADENTON, FL 34209	Celete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			ſ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, KIMBERLY D 3302 40TH ST. W. BRADENTON, FL 34205	□ Delete	TITLE NAME STREET CITY-S	( ADDRESS ST-ZIP			[	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAM: STRE		THLE NAME STREET CITY S	ADDRESS ST-ZIP			(	Change	☐ Addition
THEE NAME STREET ADDRESS CITY ST ZIP		☐ Detete	TITLE NAME STREET CITY S	ADDRESS .			[	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET	ADDRESS		···	(	☐ Change	Addition

11. Thereby 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.

MLE

NAME

STREET ADDRESS

CITY-ST-ZIP

THLE

NAME

STREET ADDRESS

CITY-ST-ZiP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Detete

-5762

☐ Change

Addition