


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90122 037 ****55.00

DOCUMENT # L06000113622 1. Entity Name FIST FULL OF MONEY ENTERTAINMENT LLC					
Principal Place of Business 850 NW 11TH AVENUE #11 HALLANDALE, FL 33009			Mailing Address 850 NW 11TH AVENUE #11 HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box # 2134 Tyler St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Suite, Apt. #, etc.		4. FEI Number 37-1532755	
Zip 33020		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODES, NICHOLE 850 NW 11TH AVENUE #11 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Ladonna Savary Street Address (P.O. Box Number is Not Acceptable) 2134 tyler St. City Hollywood FL Zip Code 33020	
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 Ladonna Savary 08.24.07 <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 September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RHODES, NICHOLE 850 NW 11TH AVENUE #11 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Nichole Rhoads 805 n.w. 3rd terrace Hallandale FL 33009
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAVARY, AARON 850 NW 11TH AVENUE #11 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Aaron Savary 805 n.w. 3rd terrace Hallandale FL 33009
				<input checked="" 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"/> 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: W. Rhoads <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			08.24.07 954.200.0243 <small>Date Daytime Phone #</small>		