

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114172

Entity Name: BRICKWOOD RECORDS, L.L.C.

FILED  
Feb 25, 2009  
Secretary of State

## Current Principal Place of Business:

3209 40TH STREET SW  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

702 CENTER LAKES STREET  
LEHIGH ACRES, FL 33974

## Current Mailing Address:

PO BOX 1853  
IMMOKALEE, FL 34143

## New Mailing Address:

FEI Number: 16-1778271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMPOS, ADA  
3209 40TH ST SW  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

CAMPOS, ADA  
702 CENTER LAKES STREET  
LEHIGH ACRES, FL 33974 US

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.

SIGNATURE: ADA CAMPOS

02/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CAMPOS, JUSTIN  
Address: 3209 40TH ST SW  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM ( ) Delete  
Name: CAMPOS, MIRANDA C  
Address: POB 1853  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM ( ) Delete  
Name: CAMPOS, ADA  
Address: 3209 40TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33971

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CAMPOS, JUSTIN  
Address: 702 CENTER LAKES STREET  
City-St-Zip: LEHIGH ACRES, FL 33974

Title: MGRM (X) Change ( ) Addition  
Name: CAMPOS, MIRANDA C  
Address: POB 1853  
City-St-Zip: IMMOKALEE, FL 34143

Title: MGRM (X) Change ( ) Addition  
Name: CAMPOS, ADA  
Address: 702 CENTER LAKES STREET  
City-St-Zip: LEHIGH ACRES, FL 33974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADA CAMPOS

MGRM

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date