
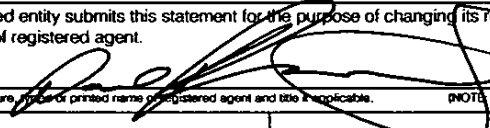
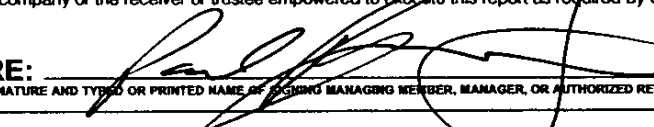


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90009 012 \*\*\*138.75

<b>DOCUMENT # L07000012579</b> 1. Entity Name <b>STUDIO TWENTY 219 LLC</b>					
Principal Place of Business <b>2219 NE 2ND AVENUE DELRAY BEACH, FL 33444 US</b>			Mailing Address <b>1610 NW 2ND AVENUE DELRAY BEACH, FL 33444 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2219 SEACREST BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2219 SEACREST BLVD.</b> Suite, Apt. #, etc.			
City & State <b>DELRAY BEACH FL</b> Zip Country <b>33444 US</b>		City & State <b>DELRAY BEACH FL</b> Zip Country <b>33444 US</b>		4. FEI Number <b>20-8431335</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>FITZGERALD, PAUL S 1610 NW 2ND AVENUE DELRAY BEACH, FL 33444</b>			7. Name and Address of New Registered Agent Name <b>Paul Fitzgerald</b> Street Address (P.O. Box Number is Not Acceptable) <b>2219 SEACREST BLVD.</b> City <b>DELRAY BEACH FL</b> Zip Code <b>33444</b>		
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 <b>7 July 2008</b> <small>Signature must be of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITZGERALD, PAUL S 1610 NW 2ND AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL S. Fitzgerald 2219 SEACREST BLVD. DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITZGERALD, PATRICE F 1610 NW 2ND AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICE F. Fitzgerald 2219 SEACREST BLVD. DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <b>7 July 2008</b> <small>Daytime Phone</small> <b>561-278-4414</b>		

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