2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
01-22-2008 90120 010 ***138.75

DOCUMENT # L07000025280

1. Entity Name
DARR MULTIMEDIA GROUP, LLC

Principal Place of Business	Mailing Address
249 GOLFCLUB DRIVE KEY WEST, FL 33040	249 GOLFCLUB DRIVE KEY WEST, FL 33040

01172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
249 GOLFCLUB DRIVE		249 GOLFCLUB DRIVE	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: KEY WEST - FL		City & State: KEY WEST - FL	
Zip: 33040	Country: USA	Zip: 33040	Country: USA

4. FEI Number: FJ 20-8616909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
M. MADEIRA, BENTO ROBERTO M 249 GOLFCLUB DRIVE KEY WEST, FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: BENTO ROBERTO M. MADEIRA DATE: 02/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAVIGNIER MADEIRA, ALEXANDRE		NAME		
STREET ADDRESS	249 GOLFCLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MADEIRA, ANDREA C		NAME		
STREET ADDRESS	249 GOLFCLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: BENTO ROBERTO M. MADEIRA 1/17/08 (305) 293-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #