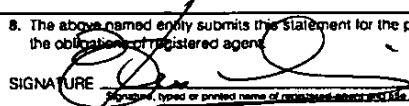
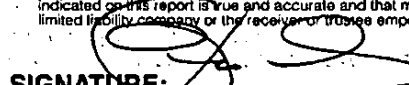


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 249 GOLFCLUB DRIVE KEY WEST, FL 33040			Mailing Address 249 GOLFCLUB DRIVE KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 249 GOLFCLUB DRIVE			3. Mailing Address 249 GOLFCLUB DRIVE		
Suite, Apt. #, etc. --			Suite, Apt. #, etc. --		
City & State KEY WEST - FL		City & State KEY WEST - FL		4. FEI Number FJ 20-8616909	
Zip 33040		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M. MADEIRA, BENTO ROBERTO M 249 GOLFCLUB DRIVE KEY WEST, FL 33040				7. Name and Address of New Registered Agent 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 obligation of registered agent. SIGNATURE  BENTO ROBERTO M. MADEIRA DATE 03/29/08 (NOTE: Registered Agent signature required when remaining)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAVIGNIER MADEIRA, ALEXANDRE 249 GOLFCLUB DRIVE KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADEIRA, ANDREA C 249 GOLFCLUB DRIVE KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  BENTO ROBERTO M. MADEIRA				Date 1/17/08-293-9296 (305)	