

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116766

FILED
May 05, 2008
Secretary of State

Entity Name: EXPRESSIVE ARTS FLORIDA, L.L.C.

Current Principal Place of Business:

1967 B MORRILL ST.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1967 B MORRILL ST.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 26-1567514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HORNE, KATHLEEN
1967 B MORRILL ST.
SARASOTA, FL 34236 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOMENICHELLO, VICTORIA
Address: 3804 72ND AVE. E.
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: HORNE, KATHLEEN
Address: 1647 PINE TREE LANE
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: BORNSTEIN, ELIZABETH
Address: 1845 TULIP DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: KNAPP, TAMARA
Address: 4057 SAN LUIS DRIVE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAMARA KNAPP

MGR

05/05/2008

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