2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
01-29-2008 90064 016 ***138.75

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1. Entity Name
BANYAN LICENSING, L.C.

Principal Place of Business	Mailing Address
1040 BAYVIEW DRIVE SUITE 322 FT. LAUDERDALE, FL 33304	1040 BAYVIEW DRIVE SUITE 322 FT. LAUDERDALE, FL 33304

30001459

01142008No Chg-LLC CR2E083 (12/07)

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4. FEI Number
65-0625153
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LICHTMAN, CHARLES H
BERGER SINGERMAN
350 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

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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
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, E. SCOTT
STREET ADDRESS	1040 BAYVIEW DRIVE, STE. 322
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	MGRM
NAME	DAVIS, KATHY W
STREET ADDRESS	1040 BAYVIEW DRIVE, STE. 322
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #