FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED

M O HA

AIN	1997	TILL S	Secre DIVISION O	etary of F CORF			197 FEB - 1			
FILING FE \$ 203.75	ILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #196000001156										
SANTA FE STUDIO, L.C.						1a. Principal Place of Business Address				
300 NAP:				900 PIRATES BIGHT						
#14 6 24						WHI THO E				
If above mailing address is incorrect in any way, line through incorrect infor										
2. Principal Pi	lace of Business	2a. Mailing Address 1827 TRADE CENTER WA				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, e	etc.	Suite, Apr. W. Bio.				4. FEI Number PL Applied For				
City & State		City & State			65-0710705 Not Applicable					
7.0 LCountry		NAPLES				5. Date of Last Report TRY 5 15 WITHAL REPORT S8 75 Additional Fire Required				
Zıp	Country	Zip FL	-	34	109	WITAL	REPORT	\$8.75 Add	itional Fee Bi quired	
	7. Name and Address of Current I	Registered	Agent		Name	8. Name and Add	Ireas of New Re	gistered A	gent	
PORTNER, LARRY 300 PIRATES BIGHT NAPLES FL 34103					Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
			City			Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE Pagistered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)										
10. Title	Managing Members/Managers	Business Street Address			City, State and Zip Code					
1GR PO	RTNER, LARRY		00 PIR	ATES	BIGHT	1	APLES	FL 3	4103	
						600	00021 -02/11/ ****20	9701	1262 1147012 *****203.75	
									NOW THOM?	
11 Idoherehv	certify that the information supplied with	h this filina d	nee not quelify f	or the exi	S ni beteta noitome	ection 119 07(3) (i) 1	Florida Statutes	I further cer	tify that the information	

indicated on this annual 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 indicated on this annual 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 indicated in block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #