

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002574

1. Entity Name
RADIO MARGARITAVILLE, L.L.C.



Principal Place of Business
**256 WORTH AVENUE, SUITE Q-R
PALM BEACH, FL 33480**

Mailing Address
**C/O GELFAND, RENNERT & FELDMAN
1880 CENTURY PARK EAST #1600
LOS ANGELES, CA 90067**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-0567029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHLAN, JOHN
STREET ADDRESS	256 WORTH AVENUE, SUITE Q
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	BUFFET, JIMMY
STREET ADDRESS	1880 CENTURY PARK EAST, #1
CITY - ST - ZIP	LOS ANGELES, CA
TITLE	MGR
NAME	KATZ, JOEL
STREET ADDRESS	3290 NORTHSIDE PKWY SUITE 400
CITY - ST - ZIP	ATLANTA, GA 30327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/25/05-80010-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #