


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002574 1. Entity Name RADIO MARGARITAVILLE, L.L.C.	
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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
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01242006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-0567029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHLAN, JOHN 256 WORTH AVENUE, SUITE Q PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFFET, JIMMY 1880 CENTURY PARK EAST, #1 LOS ANGELES, CA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, JOEL 3290 NORTHSIDE PKWY SUITE 400 ATLANTA, GA 30327	
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02/17/06-80048-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: *Joel Katz* 1/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #