

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC

CR2E083 (12/07)

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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000784809  
01/16/08-80070-011 138.75

**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	MGR 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/3/08**

Date

Daytime Phone #