

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002065

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PLANET KARAOKE PROPERTIES, L.C.

**Current Principal Place of Business:**

12810 TAMIAMI TRAIL N.  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

12810 TAMIAMI TRAIL N.  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 59-3590414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATES, TODD E  
12810 TAMIAMI TRAIL N  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GATES, TODD  
Address: 12810 TAMIAMI TRAIL N  
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete  
Name: DALIA, JAMES M  
Address: 27221 ELAINE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CRAWFORD, RICHARD S  
Address: 999 VANDERBILT BEACH ROAD SUITE 610  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TODD E GATES

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date