2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M06000001787 GERONIMO MUSIC LLC Principal Place of Busin 224 SE 9TH STREET FT. LAUDERDALE, FL

FILED Jan 16, 2008 08:00 AN Secretary of State

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Principal Plac	ce of Business	Mailing Address		1
224 SE 9TH STREET FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316				
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				01032008 No Chg-LLC
`	O NOT WRIT	E IN THIS SPA	CE	4. FEI Number Applied For
				41-2128994 Not Applicable
	water the state of			5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		
COPSIDAS, FRANK				DO NOT WRITE
224 SE 9TH STREET FT. LAUDERDALE, FL 33316				IN THIS SPACE
				IN THIS SPACE
9 The shave		4 6 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	d -#ii	red agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.	it for the purpose of changing its register	an Ollica di Tafliziai	red agent, or both, in the State or Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered as	and and title of empirelyla (NOTE Reputeza	d Agent signature required	d when renstating) DATE
		рентановия нарриовия. (1401с. година	o Agos agrature recordo	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	.75		000000786697 01/17/08-80048-020 138.75
9.		MBERS/MANAGERS		
TITLE NAME	MGRM COPSIDAS, FRANK		•	
STREET ADDRESS	224 SE 9TH STREET			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	<u> </u>		B C C C C C C C C C C C C C C C C C C C
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CITY-ST-ZIP	certify that the information-supplied	with this filing does not qualify for the or	emotions contains	ed in Chanter 119 Florida Statutas I further carify that the information

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 trostee expowered to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #