

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90042 030 ****50.00

20057111



04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
94-3239306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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	GORGORAN, MIKE
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY - ST - ZIP	UNIVERSAL CITY, CA 91608
TITLE	VP
NAME	NAKAGAWA, KASAHIRO
STREET ADDRESS	650 TOWNSEND ST STE 575
CITY - ST - ZIP	SAN FRANCISCO, CA 94103
TITLE	MGR
NAME	YOSHIOKA, TOYOHIRO
STREET ADDRESS	1-2-12 HANEDA
CITY - ST - ZIP	OTA-KU, TOKYO JAPAN, 144-831
TITLE	VP
NAME	SILVER, MICHAEL
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY - ST - ZIP	UNIVERSAL CITY, CA 91608
TITLE	MGR
NAME	HIRAI, YUKITOMO
STREET ADDRESS	2-12-14 HIGASHIKOJIYA
CITY - ST - ZIP	OH-KU, TOKYO JAPAN, 144-832
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 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

BRUCE NUSSBAUM, EVP 4/24/05 818-294-4126

Date

Daytime Phone #