

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90045 031 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P05000015469 1. Entity Name LL STUDIO 1, INC. | | | |
| Principal Place of Business 3032 STANFORD RD WEST PALM BEACH, FL 33405 | | Mailing Address 3032 STANFORD RD WEST PALM BEACH, FL 33405 | |
| 2. Principal Place of Business 5508 S. Dixie Hwy Suite, Apt. #, etc. | | 3. Mailing Address 5508 S. Dixie Hwy Suite, Apt. #, etc. | |
| City & State West Palm Beach, FL | | City & State West Palm Beach, FL | |
| Zip 33405 | Country USA | Zip 33405 | Country USA |
| 6. Name and Address of Current Registered Agent ECKHAUS, JAY E ESQ 9121 N MILITARY TRAIL SUITE 107 PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 renewing.) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS LLAMAS, MARIA ANGELES 3032 STANFORD RD WEST PALM BEACH, FL 33405 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 1/26/06 (561) 714489 | |