


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-12-2005 90022 011 ****50.00
 05-02-2005 90128 049 ****50.00

DOCUMENT # L04000005571

1. Entity Name
RED BARN PRODUCTIONS, LLC



Principal Place of Business
**636 OSPREY AVE
 SARASOTA, FL 34236**

Mailing Address
**636 OSPREY AVE
 SARASOTA, FL 34236**

20050006



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04062005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**WAGNER, E. JOHN II
 200 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
Phoebe Shaw

Street Address (P.O. Box Number is Not Acceptable)
636 Osprey Avenue 878 Freatling Dr

City
Sarasota

Zip Code
FL 34236

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 *Phoebe G. Shaw* DATE 4/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Shaw, Phoebe 636 Osprey Avenue Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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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: *Phoebe G. Shaw* DATE 4/20/05 DAYTIME PHONE # 941 346 8821

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