


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000074396 1. Entity Name RED ROCK STUDIOS LLC	
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Principal Place of Business 14055 SW 143 CT UNIT 13 MIAMI, FL 33186 US	Mailing Address 14055 SW 143 CT UNIT 13 MIAMI, FL 33186 US
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04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1798285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OSTWALD, CLAY D 16825 SW 81 CT PALMETTO BAY, FL 33157
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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.

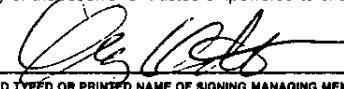
SIGNATURE  (NOTE: Registered Agent signature required when renating) DATE 4/3/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSTWALD, CLAY D 16825 SW 81 CT PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REYES, DORIAN 5140 SW 98 AVE RD MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000855878 04/18/08-80032-015 138.75
DO NOT WRITE IN THIS SPACE

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/3/08 305 256-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #