

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076895

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: GREATER HARVEST PRODUCTIONS, LLC

**Current Principal Place of Business:**

P.O. BOX 367  
GOLDENROD, FL 32733

**New Principal Place of Business:**

5587 WHITE HERON PL  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 367  
GOLDENROD, FL 32733

**New Mailing Address:**

FEI Number: 42-1724753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATTS, KEITH R  
5587 WHITE HERON PL  
OVIEDO, FL 32765    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WATTS, KEITH R  
Address: 5587 WHITE HERON PL  
City-St-Zip: OVIEDO, FL 32765

Title: MGR      ( ) Delete  
Name: WATTS, DENA M  
Address: 5587 WHITE HERON PL  
City-St-Zip: OVIED, FL 32765

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH R . WATTS

PRES

04/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date