

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076895

FILED  
May 03, 2009  
Secretary of State

Entity Name: GREATER HARVEST PRODUCTIONS, LLC

**Current Principal Place of Business:**

5587 WHITE HERON PL  
OVIEDO, FL 32765

**New Principal Place of Business:**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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 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

05/03/2009

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