

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90197 023 ****50.00

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DOCUMENT # L06000012751					
1. Entity Name SECOND COMING, LLC					
Principal Place of Business 14426 AVALON RESERVE BOULEVARD #102 ORLANDO, FL 32828			Mailing Address 14426 AVALON RESERVE BOULEVARD #102 ORLANDO, FL 32828		
2. Principal Place of Business - No P.O. Box # 6107 Metrowest Blvd.			3. Mailing Address 6107 Metrowest Blvd.		
Suite, Apt. #, etc. Building 8-101			Suite, Apt. #, etc. Building 8-101		
City & State Orlando, Florida			City & State Orlando, Florida		
Zip 32835	Country USA	Zip 32835	Country USA	4. FEI Number 74-3161906	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NAVIGATION BUSINESS SOLUTIONS, LLC 4767 NEW BROAD STREET SUITE 1022 ORLANDO, FL 32814				7. Name and Address of New Registered Agent Name Yacaman Productions, LLC Street Address (P.O. Box Number is Not Acceptable) 6107 Metrowest Blvd., Building 8-101 City Orlando FL Zip Code 32835	
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		Jose Yacaman, President of Yacaman Productions, LLC		DATE 6/14/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KSFILMS, LLC 14426 AVALON RESERVE BLVD., #102 ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YACAMAN PRODUCTIONS, LLC 6107 METROWEST BLVD., BUILDING 8-101 ORLANDO, FL 32835	<input checked="" 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
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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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
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:		Date 6/14/07		Daytime Phone # 786-738-3097	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					