


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000007015 1. Entity Name COURAGE PRODUCTIONS, L.L.C. |  |
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|--|--|
| Principal Place of Business 119 WHITING STREET TAMPA, FL 33602 | Mailing Address 119 WHITING STREET TAMPA, FL 33602 |
|--|--|

DO NOT WRITE IN THIS SPACE



03042006 No Chg-LLC

CR2E083 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3622225 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**ALEXANDER, PETER N
859 SEDDON COVE
TAMPA, FL 33602**

**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 reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALEXANDER, PETER 859 SEDDON COVE TAMPA, FL 33602 |
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000000459380
03/18/06-80030-017 50.00

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:  **3-3-06** **813-505-6520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #