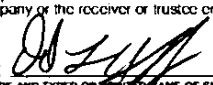


FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 009 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000002058			
1. Entity Name PRIEST HUFFMAN PRODUCTIONS, LLC			
Principal Place of Business 818 W. UNIVERSITY AVE STE 213 GAINESVILLE, FL 32601		Mailing Address 818 W. UNIVERSITY AVE STE 213 GAINESVILLE, FL 32601	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3700145	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOONE, SAM W JR. 605 NE 1ST STREET, SUITE E GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature (agent in person) must be signed by agent and Registered Agent (not by owner/manager)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PRIEST, STEVEN 2717 NW 1ST AVE. GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PRIEST, STEVEN 912 NW 51 TERRACE GAINESVILLE FL 32607 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HUFFMAN, DAVID L 15 NW 26 ST GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE:  DAVID L. HUFFMAN		7 APR 2006 352 372 JB12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Registration Price	