



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90034 005 ***138.75

DOCUMENT # L01000003401					
1. Entity Name TIME CODE PRODUCTIONS LLC					
Principal Place of Business 3350 GRIFFIN ROAD FORT LAUDERDALE, FL 33312			Mailing Address 3350 GRIFFIN ROAD FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 20855 NE 16th Ave.		3. Mailing Address 20855 NE 16th Ave.			
Suite, Apt. #, etc. Unit C16		Suite, Apt. #, etc. Unit C16			
City & State North Miami Beach, FL		City & State North Miami Beach, FL		4. FEI Number 65-1080009	
Zip 33179	Country USA	Zip 33179	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JABILES, DAPHNA 3350 GRIFFIN ROAD FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Geller, Jeffrey M. Street Address (P.O. Box Number is Not Acceptable) 20855 NE 16th Ave. Unit C16 City North Miami Beach FL Zip Code 33179		
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		Jeffrey M. Geller		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JABILES, DAPHNA 3350 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Geller, Jeffrey M. 20855 NE 16th Ave., Unit C16 North Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:		Jeffrey Geller		Date 04/29/08 Daytime Phone # 305-770-4488	
Signature and typed or printed name of signing managing member, manager, or authorized representative					