


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

|   |   |                     |   |  |  |
|---|---|---------------------|---|--|--|
| <b>DOCUMENT # L01000007065</b><br>1. Entity Name<br><b>LINDENBERG PRODUCTIONS, L.L.C.</b>   |   |                     |   |                                       |  |
| Principal Place of Business<br><b>4004 EDGEWOOD PLACE<br/>COCOA FL 32926</b>  |   |                     | Mailing Address<br><b>4004 EDGEWOOD PLACE<br/>COCOA FL 32926</b>                      |  |  |
| 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 <b>82-0538823</b>   |   |                     |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                     |   | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   |                     | 7. Name and Address of New Registered Agent   |  |  |
| <b>LINDENBERG, RALPH F<br/>4004 EDGEWOOD PLACE<br/>COCOA FL 32926</b>   |   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |                     |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>LINDENBERG, RALPH F<br/>4004 EDGEWOOD PLACE<br/>COCOA FL 32926</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000057348<br/>02/19/04-80057-019 50.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:** Ralph F. Lindenberg **2-17-04** **321 6368072**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #