

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90056 046 ****50.00

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1. Entity Name
E-R PRODUCTIONS, LLC



Principal Place of Business
5422 CARRIER DRIVE
SUITE 204
ORLANDO, FL 32819

Mailing Address
5422 CARRIER DRIVE
SUITE 204
ORLANDO, FL 32819

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3718552

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMMERT, MARK CPA
410 MACGREGOR ROAD
WINTER SPRINGS, FL 32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME TOMAZSEWSKI, SIEGFRIED
STREET ADDRESS 5422 CARRIER DRIVE SUITE 204
CITY-ST-ZIP ORLANDO, FL 328198394

TITLE MGRM ☐ Delete
NAME FULL FLAME GMBH
STREET ADDRESS POSTFACH 60 05 95
CITY-ST-ZIP FRANKFURT AN MAIN, GERMANY, 60035

TITLE MGRM ☒ Delete
NAME MURPHEE, ROBERT
STREET ADDRESS 5422 CARRIER DRIVE
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition
NAME E-R PRODUCTIONS GMBH
STREET ADDRESS POSTFACH 60 05 95
CITY-ST-ZIP FRANKFURT AN MAIN, GERMANY 60035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Siegfried Tomazsewski

1/6/06

407-260-1011

Date

Daytime Phone #