
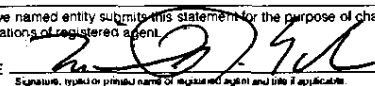



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 042 *****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30066909

DOCUMENT # L01000013954		
1. Entity Name ORANGE GARDEN PRODUCTIONS, LLC		
Principal Place of Business 6253 RIVIERA LANE JACKSONVILLE, FL 32216		Mailing Address 6253 RIVIERA LANE JACKSONVILLE, FL 32216
2. Principal Place of Business 1301 Riverplace Blvd Suite, Apt. #, etc. 2600 Jacksonville, FL 32207 Duval		3. Mailing Address 1301 Riverplace Blvd Suite, Apt. #, etc. 2600 Jacksonville, FL 32207 Duval
4. FEI Number 95-4893338		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 YOKAN, MICHAEL R 1301 RIVERPLACE BLVD., SUITE 2600 JACKSONVILLE, FL 32207		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 5/1/03 (NOTE: Registered Agent's signature required when relinquishing)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, JASON H 6253 RIVIERA LANE JACKSONVILLE, FL 32216 1658 St Paul Ave Jacksonville, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOKAN, MICHAEL R 1301 RIVERPLACE BLVD., STE. 2600 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 606, Florida Statutes. SIGNATURE:  DATE 5/1/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #		

CR2003 (1/02)