2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000014159							Mar 02, 2005 08:00 AM					M
1. Entity Name H & L PRODUCTIONS LLC				. •					Secreta	ry of	State	
Principal Place of Business				Mailing Address							-	
376 CENTURY DRIVE				376 CENTURY DRIVE					en en en en en en en en	· 4		
	AND FL 341	45		MARCO ISLAND FL 34	1145							
	_	<u> -</u> .					g= 214.5					
2. Principal Place of Business				3. Mailing Address]				
Suite, Apt. #, etc.				Suite, Apt, #, etc.					1st MOORE	CRSEO	83 (10/04)	
				Cip. 9. State								unlind For
City & State				City & State			,	4. FEI Nun	58-264195	8	├ ——├-	plied For at Applicat
Zip	Country			Zip Co.		untry		5. Certifica	ate of Status Desired		\$5.00 Add	
	6. Name	and Address of Curre	nt Rec	sistered Agent	L	 		7. Name a	nd Address of New I	Registered	Fee Require	<u> </u>
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Name						
OLNOWICH, LARRAINE						Street A	ddress (f	P.O. Box Nun	nber is Not Acceptable	e)	<u> </u>	·-·
376 CENTURY DRIVE MARCO ISLAND FL 34145						ļ		·				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-, <u></u>					
			_		. شر	City		,	t mar vit	FI	Zip Cod	e
			for the	e purpose of changing its	register	ed office or	register	ed agent, or l	both, in the State of Fi	orida. Lam	ı famıliar with,	and accepi
ule obliga	tions of registe	Hed agent.										–
SIGNATURE	Signature, typed o	or printed name of registered age	nt and to	nie f applicable (NOT	Registere	d Agent signati	ne teanieq	when reinstating)		DATE	44 - 16 1	
				FILE NO	:!!WC	FEE IS \$	50.00					
				Make Check Payab				nt of State				
					By M	ay 1, 200	5 	1		<u> </u>		· &.
9.	T	MANAGING MEM	BERS/		10.		<u>-</u>		ADDITIONS	/CHANGE		
TITLE NAME	MGRM OLNOWICH	I, LARRAINE J		☐ Delete	ŢŧĪL NAM						☐ Change	Addition
STREET ADDRESS	376 CENTU	•				ET ADDRESS						
CITY - ST - ZIP	MARCO ISL	AND FL 34145			CITA	-SI-ZIP						<u></u>
THE	MGRM			☐ Delete	1171						Change	Addition
NAME STREET ADDRESS	OLNOWICH 376 CENTU	H, HOWARD T			MAM	ET ADORESS						
CITY-ST-7IP	1	AND FL 34145				-SI-ZIP						
TIFLE		<u> </u>	<u> · · · · · · · · · · · · · · · · · · </u>	☐ Delete	BIL						☐ Change	Addition
NAME					MAM		!		1,000,0005	19281		
STREET ADDRESS						FTADDRESS -SI-ZIP	l		03/02/05-86	3065-0	10 50.00	·
Cliv-SI-ZIP	ļ 	 -		— — — ·	TITE				<u> </u>		☐ Change	Addition
TITLE NAME				☐ Delete	NAM						C) Ghange	∐ Adminoit
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	·ST-ZIP				<u></u>	_ 	<u>. </u>
THILE				☐ Delete	OTH	ì					Change	☐ Addition
MAME STREET ADDRESS					N/AM ende	F Et address						
CHY-SI-ZIP	}					-ST-ZIP						
IIICE	 			Delete	11/16						☐ Change	Addition
NAME	}			FT Delete	NAM)						
STREET ADDRESS]					ET ADDRESO						
CITY-ST-ZIP	<u></u>					-ST-7/P		 _	<u></u>			
11. I hereby of indicated limited lia	certify that the i on this report ability compan	information supplied wi is true and accurate an y or the receiver or trust	th this id that see em	s filing does not qualify for t my signature shall have t apowered to execute this t	the exe the same report as	mption stat e legal effec s required b	ed in Sec ct as if m by Chapt	ction 119.07() ade under oa er 608, Florid	3)(i), Florida Statutes, ath, that I am a mana; la Statutes.	i further ce ging memb	rtify that the in per or manage	formation r of the

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date -

FILED