

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003317

FILED
Mar 23, 2005
Secretary of State

Entity Name: FALLEN ANGEL PRODUCTION, LLC

Current Principal Place of Business:

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 04-3603269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITMIRE, ROBERT L
3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHITMIRE, ROBERT L
Address: 3918 ALHAMBRA DR W
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: HILL, RALPH G
Address: 9923 BLAKEFORD HILL RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: MURPHY, JUSTIN
Address: 12324 HARBOR WINDS DR N
City-St-Zip: JACKSONVILLE, FL 32235

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MURPHY, JUSTIN
Address: 9138 CATHERINE FOSTER COURT
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT L. WHITMIRE

MGRM

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date