

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010785

FILED
Aug 03, 2005
Secretary of State

Entity Name: BLUE EYED BLONDE PRODUCTIONS, LLC

Current Principal Place of Business:

2919 56TH ST. S.
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2919 56TH ST. S.
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 01-0681192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRONG, MICHELE
2919 56TH ST S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

LUSSIER, MICHELE
2919 56TH ST S
GULFPORT, FL 33707 US

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: MICHELE LUSSIER

08/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRONG, MICHELE
Address: 2919 56TH ST. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: LUSSIER, MICHELE
Address: 2919 56TH ST. SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: MRS () Change (X) Addition
Name: MICHELE LUSSIER,
Address: 2919 56TH ST SOUTH
City-St-Zip: GULFPORT, FL 33707 US

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: MICHELE LUSSIER

MRS

08/03/2005

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