

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019038

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: ROUND BOX ANIMATIONS, LLC

**Current Principal Place of Business:**

1091 POST LAKE PLACE  
APT. # 213  
APOPKA, FL 32703

**New Principal Place of Business:**

3024 SAVANNAH OAKS CIRCLE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

1091 POST LAKE PLACE  
APT. # 213  
APOPKA, FL 32703

**New Mailing Address:**

3024 SAVANNAH OAKS CIRCLE  
TARPON SPRINGS, FL 34688

FEI Number: 41-2057222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOVAR, ILEANA ARIAS ESQ.  
1725 MAIN STREET  
SUITE 205  
WESTON, FL 33326 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: DEVEAUX, ARES  
Address: 1091 POST LAKE PLACE # 213  
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete  
Name: CANAAN DE DEVEAUX, HARIDAT  
Address: 1091 POST LAKE PLACE # 213  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DEVEAUX, ARES  
Address: 3024 SAVANNAH OAKS CIRCLE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR (X) Change ( ) Addition  
Name: CANAAN DE DEVEAUX, HARIDAT  
Address: 3024 SAVANNAH OAKS CIRCLE  
City-St-Zip: TARPON SPRINGS, FL 34688

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: ARES DEVEAUX

MGR

04/25/2005

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