


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020430</b> 1. Entity Name <b>BLACK EYE PRODUCTIONS, LLC</b>	
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Principal Place of Business <b>220 CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>220 CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701</b>
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03062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**54-2067624**

Applied For  
Not Applicable

5. Certificate of Status Desired

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**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>JACK DICKS 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DICKS, JAMES 220 E. CENTRAL PARKWAY, SUITE 1020 ALTAMONTE SPRINGS, FL 32701</b>
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05/06/06-80038-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE

