

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # L02000024717

1. Entity Name  
4 X 4 PRODUCTIONS, LLC



Principal Place of Business  
414 SE 135 TERRACE  
GAINESVILLE, FL 32641 US

Mailing Address  
414 SE 135 TERRACE  
GAINESVILLE, FL 32641 US

U000000335435  
04/27/05-80126-015 50.00



02112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
52-2379193

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LISA, LINDSEY M  
414 SE 135 TERRACE  
GAINESVILLE, FL FL

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, 2005

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDSEY, DARRYL E 414 SE 135 TERRACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDSEY, LISA M 414 SE 135 TERRACE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Lisa M. Lindsey

4/22/05

352-273-6309

Date

Daytime Phone #