


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000029328</b> 1. Entity Name BOBBY JONES FILM, LLC	
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Principal Place of Business 1930 CAMDEN ROAD, SUITE 2070 CHARLOTTE, NC 28203	Mailing Address 1930 CAMDEN ROAD, SUITE 2070 CHARLOTTE, NC 28203
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**DO NOT WRITE IN THIS SPACE**



04222006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0061150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

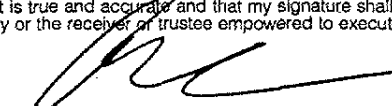
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRIDGE, RICHARD A JR 1930 CAMDEN ROAD, STE 2070 CHARLOTTE, NC 282032820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON, KIM 8518 SUNSET WILLOW CT. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80005-022 50.00

**DO NOT WRITE  
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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:**  **4-28-06** **704.325.4324**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #