

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002225

FILED
Apr 30, 2004
Secretary of State

Entity Name: CARAVAN PRODUCTIONS, LLC

Current Principal Place of Business:

2992 GREENBRIAR DR
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2951 WOODPINE CT
SARASOTA, FL 34231

New Mailing Address:

2992 GREENBRIAR DR
SARASOTA, FL 34237

FEI Number: 68-0537828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCK, JEFFREY J MR
2951 WOODPINE CT
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

BUCK, JEFFREY J MR
2992 GREENBRIAR DR
SARASOTA, FL 34237 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: JEFFREY BUCK

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COWAN, JENNIFER L
Address: 2992 GREENBRIAR DR
City-St-Zip: SARASOTA, FL 34237

Title: MGRM () Delete
Name: JEFFREY, BUCK J
Address: 2992 GREENBRIAR DR
City-St-Zip: SARASOTA, FL 34237

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: COWAN, JENNIFER L
Address: 2992 GREENBRIAR ST
City-St-Zip: SARASOTA, FL 34237

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: JENNIFER L COWAN

MGRM

04/30/2004

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