## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L03000005208** FLYIN' FOOTWORK PRODUCTIONS, LLC Principal Place of Business Mailing Address 1222 WINDING CHASE BLVD. 1222 WINDING CHASE BLVD. WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 US 01242005No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 25-1902533 6. Name and Address of Current Registered Agent SHREWSBURY, ROBERT L 1222 WINDING CHASE BLVD.

**FILED** Jan 27, 2005 08:00 AM Secretary of State



CR2E083 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone 4

## DO NOT WRITE

| WINTER SPRINGS, FL 32708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | IN | 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<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |    |                                          |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MANAGING MEMBERS/MANAGERS                                                                |    |                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>SHREWSBURY, ROBERT L MGR<br>1222 WINDING CHASE B LVD.<br>WINTER SPRINGS, FL 32708 |    | 000000200451<br>01/28/05-80029-022 50.00 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>SHREWSBURY, DAWN T MGRM<br>1222 WINDING CHASE BLVD<br>WINTER SPRINGS, FL 32708   |    |                                          |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | DO | NOT WRITE                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | IN | THIS SPACE                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 cath; 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. |                                                                                          |    |                                          |  |