

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90051 005 \*\*\*\*50.00

**DOCUMENT # L03000006327**

1. Entity Name  
**ZORRO PRODUCTIONS, L.L.C.**



Principal Place of Business  
**2501 E. COMMERCIAL BOULEVARD, SUITE 211  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**2501 E. COMMERCIAL BOULEVARD, SUITE 211  
FORT LAUDERDALE, FL 33308**

**34005953**



2. Principal Place of Business

3. Mailing Address

**2419 E. COMMERCIAL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 100**

02202004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

**FT. LAUDERDALE, FL**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**33308**

**US**

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORDT, GREGORY M  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAMBERT, ESTHER  
2419 E. COMMERCIAL BOULEVARD SUITE 100  
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
HEYDEN, CHRISTINA  
2419 E. COMMERCIAL BLVD, SUITE 100  
FT. LAUDERDALE, FL 33308**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Christina Heyden* *Christina Heyden*

*4/6/04*

*954-630-9449*

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

Date

Daytime Phone #