

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90009 013 ****50.00

DOCUMENT # L03000006327

1. Entity Name
ZORRO-RAZA PRODUCTIONS, LLC



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

Mailing Address
**2419 E COMMERCIAL BLVD STE 100
FORT LAUDERDALE, FL 33308**

20047238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-0261316

Not Applicable

Zip

Country

Zip

Country

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME *2501 E. Commercial Blvd, Suite 211*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME HEYDEN, CHRISTINA
STREET ADDRESS 2419 E COMMERCIAL BLVD STE 100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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]*

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

4-12-05

954-630-9449

Date

Daytime Phone #