

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017986

1. Entity Name
GWAVA PICTURES LLC



FILED

2004 OCT 20 AM 11:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
8630 VALLEY RIDGE COURT
ORLANDO, FL 32818

Mailing Address
8630 VALLEY RIDGE COURT
ORLANDO, FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162004 Chg-LLC CR2E083 (10/03)

4. FEI Number

02-0692433

Applied For

Not Applicable

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

ARNOLD, MATHENY & EAGAN, P.A.
801 N MIGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JANE PICARD
8630 VALLEY RIDGE CRT
ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
504257901145
09/09/04 90073 003 ☐ Change ☐ Addition \$55.00

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 ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

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

JANE PICARD

9/1/04

407-733-7305

Daytime Phone #