


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90204 024 \*\*\*\*50.00

<b>DOCUMENT # L03000020588</b>	
1. Entity Name <b>A AND R PRODUCTIONS LLC</b>	

Principal Place of Business <b>10249 OASIS PALM DR. TAMPA, FL 33615 US</b>	Mailing Address <b>10249 OASIS PALM DR. TAMPA, FL 33615 US</b>
---	---

2. Principal Place of Business <b>10249 OASIS Palm Dr.</b>	3. Mailing Address <b>10249 OASIS Palm Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FLA</b>	City & State <b>TAMPA FLA</b>
Zip <b>33615</b>	Zip <b>33615</b>
Country <b>USA</b>	Country <b>USA</b>

02182004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>03-0521494</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>ALVAREZ, ARMANDO R JR. 10249 OASIS PALM DR. TAMPA, FL 33615</b>
---

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


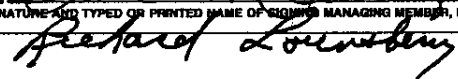
**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOUNSBERRY, RICHARD L 10249 OASIS PALM DR. TAMPA, FL 33615</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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**  **Armando B. Alvarez** 2/18/04 813-857-9566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 **Richard Lounsberry** 2-18-04 813 594.0013