

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 017 ****50.00

20026584




03242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-5904130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L03000024548

1. Entity Name
SLEIMAN PICTURES LC



Principal Place of Business C/O JOSEPH E. SLEIMAN 2111 EAST MICHIGAN STREET, SUITE 200 ORLANDO, FL 32806	Mailing Address C/O JOSEPH E. SLEIMAN 2111 EAST MICHIGAN STREET, SUITE 200 ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLEIMAN, JOSEPH E
2111 EAST MICHIGAN STREET, SUITE 200
ORLANDO, FL 32806

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, JOSEPH E 2111 EAST MICHIGAN ST., SUITE 200 ORLANDO, FL 32806
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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: Joseph E. Sleiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____