

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026073

FILED  
Apr 03, 2005  
Secretary of State

Entity Name: L.C. PRODUCTION SERVICES, LLC

**Current Principal Place of Business:**

132 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

132 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-0139450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COONS-ANDERSEN, LISA K  
132 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LISA, COONS-ANDERSEN  
Address: 132 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COONS-ANDERSEN, LISA  
Address: 132 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LISA COONS-ANDERSEN

MS

04/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date