2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

1. Entity Name FABILUCE FILMS, LLC						04-19-2005	5 90027 026 *	****50).00
Principal Place of Business 3144 CASSEEKEY ISLAND ROAD JUPITER, FL 33477 US		Mailing Address 3144 CASSEEKEY ISLAND ROAD JUPITER, FL 33477 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0323200	5 Chg-LLC	CR2E083 (1	0/03)	
City & State		City & State		4. FEI Nui 86-1	nber 083442		 	olied For Applicable	
Zip Country		Zip Country		5. Certific	5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BASTICK, MARGARET					Name Street Address (P.O. Box Number is Not Acceptable)				
3144 CASSEEKEY ISLAND ROAD JUPITER, FL 33477			Sheet Address (F.O. Box Number is Not Acceptable)						
				City			FL Z	ip Code	
	med entity submits this statement fo s of registered agent.	r the purpose of changing its	registere	ed office or re	egistered agent, or	both, in the State of F	lorida. I am familia	ar with, a	and accept
SIGNATURE	nature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature r	required when reinstating	1	DATE		
Filing Fee is \$50.00 × Due by May 1, 2005						Make check payable to Florida Department of State			
Filin Due	g Fee is \$50.00≠ by May 1, 2005								
Due 9.	by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			Florid			
9.	by May 1, 2005	RS/MANAGERS	10. Title			Florid	da Department o		Addition
9. TITLE M NAME B/ STREET ADDRESS 31	MANAGING MEMBE	☐ Delete	TITLE NAM STRE	E ET ADDRESS -ST-ZIP		Florid	da Department o	of State	
9. TITLE M NAME B/ STREET ADDRESS 31	MANAGING MEMBE MGRM ASTICK, MARGARET 144 CASSEEKEY ISLAND ROA	☐ Delete	TITLE NAM STRE	E ET ADDRESS -ST-ZIP	MCRM Daysi A	ADDITIONS	da Department o	of State	
9. TITLE M BANAME 3.31 CITY-ST-ZIP JU	MANAGING MEMBE MANAGING MEMBE IGRM ASTICK, MARGARET 144 CASSEEKEY ISLAND ROA UPITER, FL 33477	☐ Delete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP	D <i>oug</i> la 3144 Ca	ADDITIONS S LUCE	da Department o	Change	Addition Addition
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a hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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: DOUGLAS LUCE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE