## 2006 LIMITED LIABILITY COMPANY ~ ' ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

## FILED Apr 17, 2006 08:00 AN Secretary of State

				, Apr 1/, 2000 00:00	
DOCUMENT # L04000018562  1. Entity Name THREE RING PRODUCTIONS, LLC				Se	cretary of Stat
Principal Dia	on of Business	Mailing Androse			
1 '	ce of Business PALMAS WAY FL 34238	mailing address 4048 LAS PALMAS WAY SARASOTA, FL 34238			
		The second secon			
	O NOT V	VOITE IN THIS CO		04022006 No Chg-LLC	CR2E083 (11/05)
L	V ION OC	VRITE IN THIS SPA	40E 2008:2008:3	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Addre	ss of Current Registered Agent			and the state of t
1432 FIRS SUITE C	LD, DANIEL A ST STREET FA, FL 34236			DO NOT W IN THIS SE	r and the second
8. The above the obligat	a named entity submits the tions of registered agent.	is statement for the purpose of changing its regis	itered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name	of registered agent and title if applicable. (NOTE, Regis	ligred Agent signature required	when reinstation)	Ser J DATE
F	iling Fee is \$50.00 ue by May 1, 2008	· · · · · · · · · · · · · · · · · · ·		- 35 15 15 11	<u>7518467</u> -80196-018 50.00
9,	<del>,</del>	GING MEMBERS/MANAGERS		Townson Tracks of the state	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDERS, RUTH B 4048 LAS PALMAS		A see Some See See See		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 342	.30			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date Dayling Phone of