

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000035363

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Entity Name:** KARLEN PRODUCTIONS, LLC.

**Current Principal Place of Business:**

PO BOX 1255  
CITRA, FL 32113

**New Principal Place of Business:**

1150 NW 165TH STREET  
CITRA, FL 32113

**Current Mailing Address:**

PO BOX 1255  
CITRA, FL 32113

**New Mailing Address:**

1150 NW 165TH STREET  
CITRA, FL 32113

**FEI Number:** 20-1099040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, WILLIAM  
1150 NORTHWEST 165TH STREET  
CITRA, FL 32113 US

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

LEWIS, WILLIAM  
1150 NW 165TH STREET  
CITRA, FL 32113 US

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: WILLIAM LEWIS

03/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KARLEN, STEVEN D  
Address: PO BOX 1255  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KARLEN, STEVEN D  
Address: 1150 NW 165TH STREET  
City-St-Zip: CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN KARLEN

MGRM

03/06/2007

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