
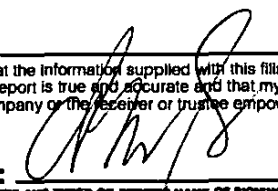


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047344					
1. Entity Name PEACHA ROSE PRODUCTIONS, L.L.C.					
Principal Place of Business 2237 RIVERSIDE AVE. JACKSONVILLE, FL 32204 US			Mailing Address 2237 RIVERSIDE AVE. JACKSONVILLE, FL 32204 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-2743692				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOVERN, CAROLYN P 2237 RIVERSIDE AVE. JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGOVERN, CAROLYN P 2237 RIVERSIDE AVE. JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLADSTONE, CHERYL 9 FOREST LANE HOPKINTON, MA 01748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLADSTONE, CHERYL 9 FOREST LANE HOPKINTON, MA 01748	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLADSTONE, CHERYL 9 FOREST LANE HOPKINTON, MA 01748	<input type="checkbox"/> Delete			
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: 				3/20/05 904 384-4405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -3 AM 7:47

