

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057103

FILED
Apr 04, 2007
Secretary of State

Entity Name: PRODUCTION FACILITIES, LLC

Current Principal Place of Business:

6392 NW 84 AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6392 NW 84 AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-1506283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBANDO, IVAN
6392 NW 84 AVE
MIAMI, FL 33166 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/MANAGERS:

Title: MGR () Delete
Name: OBANDO, IVAN D
Address: 6392 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: VELASQUEZ, JORGE
Address: 6392 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: OBANDO, IVAN D
Address: 6392 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition
Name: VELASQUEZ, JORGE
Address: 6392 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: SC () Change (X) Addition
Name: VELASQUEZ, GLORIA
Address: 6400 SW 138 CT N.202
City-St-Zip: MIAMI, FL 33183

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: GLORIA VELASQUEZ

SC

04/04/2007

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