2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					11 ~-			
DOCUMENT # L05000014022 1. Entity Name DJ BRUNO PRODUCTIONS, LLC				2006 MAR 3	LED AM 9:32			
Principal Place of Business 2990 BARCLAY COURT TALLAHASSEE, FL 32309		Mailing Address 2990 BARCLAY COURT TALLAHASSEE, FL 32309		1 7358	E. FLORIDA		I II i ital i II II i	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162008	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Nun 74 —	^{ber} 3139558	Not	Applicable	
Zip	Country .	Zip Country		5. Certifica	te of Status Desired	55.00 Addi Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name a	nd Address of New Re	gistered Agent		
	CLAY COURT	Street Address (ress (P.O. Box Nun	nber is Not Acceptable)			
TALLAHA	SSEE, FL 32309							
			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered affice or re	gistered agent, or i	ooth, in the State of Flori	ida. I am familiar with, s	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ling Foe is \$50.00 ue by May 1, 2006				1	check payable to Department of State	,	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/0	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIEHLER, BRUNO V 2990 BARCLAY COURT TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04.	2000699 710/0601059	□ Change ∋5771 2 3021 **50.	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CETY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	I certify that the information supplied with don this report is true and accurate and t ability company or the receiver or trustee	hat my signature shall have th	ie same legal effecti	as if made under o	ath: that I am a manaqi	ther certify that the info	rmation r of the	