


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 008 ****50.00

DOCUMENT # L05000021100

1. Entity Name
BAD MOTOR PRODUCTIONS, LLC



Principal Place of Business
**1108 10TH STREET WEST
 PALMETTO, FL 34221 US**

Mailing Address
**1108 10TH STREET WEST
 PALMETTO, FL 34221 US**

20002045



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**SANDERSON, KEVIN F ESQUIRE
 677 NORTH WASHINGTON BOULEVARD
 SUITE 45
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
 Name **Clay E. Yeagley**
 Street Address (P.O. Box Number is Not Acceptable)
1108 10th St W.
 City **Palmetto Florida FL** Zip Code **34221**

4. FEI Number
73-1729235 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 Clay E. Yeagley DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YEAGLEY, CLAY E	
STREET ADDRESS	1108 10TH STREET WEST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCCARTNEY, GINA	
STREET ADDRESS	1108 10TH STREET WEST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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: Clay E. Yeagley Date Jan. 9, 2005 941-729-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #