

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027472

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: PINK DOCS PRODUCTIONS, LLC

## Current Principal Place of Business:

1012 N. LAKESHORE BLVD.  
HOWEY IN THE HILLS, FL 34737

## New Principal Place of Business:

6211 S. HAMPSHIRE CT.  
WINDERMERE, FL 34786

## Current Mailing Address:

1012 N. LAKESHORE BLVD.  
HOWEY IN THE HILLS, FL 34737

## New Mailing Address:

6211 S. HAMPSHIRE CT.  
WINDERMERE, FL 34786

FEI Number: 58-9186759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COWIN, KIMBERLY M  
1012 N. LAKESHORE BLVD.  
HOWEY IN THE HILLS, FL 34737 US

## Name and Address of New Registered Agent:

COWIN, KIMBERLY M  
6211 S. HAMPSHIRE CT.  
WINDERMERE, FL 34786 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: KIMBERLY M. COWIN

03/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PINK SNEAKERS PRODUC, TIONS, INC.  
Address: 1012 N. LAKESHORE BLVD.  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PINK SNEAKERS PRODUC, TIONS, INC.  
Address: 6211 S. HAMPSHIRE CT.  
City-St-Zip: WINDERMERE, FL 34786

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: KIMBERLY M. COWIN

MGR

03/27/2007

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