

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031001

FILED
Jul 21, 2006
Secretary of State

Entity Name: KAVERAS FILM, LLC

Current Principal Place of Business:

2257 GILMORE ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2257 GILMORE ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, HILLARY
3620 WALSH ST
JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAHEY, DAMIAN K
Address: 2257 GILMORE ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGRM () Delete
Name: TULLY, MICHAEL
Address: 6106 RIDGELINE DR
City-St-Zip: MT. AIRY, MD 21771 US

Title: MGRM () Delete
Name: WHITE, HILLARY
Address: 3620 WALSH ST
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAMIAN K LAHEY

MGRM

07/21/2006

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