## **JO6 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## UMENT # L05000041385

Red RATE PRODUCTIONS, LLC



## **FILED** May 01, 2006 8:00 am Secretary of State

05-01-2006 90064 047 \*\*\*\*50.00

	•		list						
e of Business  FOX WAY  32766		Mailing Address 1204 GALLANT FOX WAY CHULUOTA, FL 32766			₩UU	3V ( U 4			
,	of Business	3. Mailing Address							
		Suite, Apt, #, etc.		- ( sasiulii dii dairii aciti daiti aciti adalk votil etret 1720 mar rifiel ames: m :est					
	, etc.	Suite, Apt. #, etc.	Suite, Apr. #, etc.		03082006 Chg-LLC CR2E083 (11/05)				
•	ð	City & State			4. FEI Numb	-32014	128	Applied For Not Applicable	
-	Country	Zip	Country	<del> </del>		of Status Desired		\$5.00 Add	itional
_	Name and Address of Current	t Registered Agent	<u> </u>		7. Name an	Address of New I		Fee Required	<u> </u>
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SON, LESLIE ALLANT FOX WAY OTA, FL 32766		Stree		treet Address (	P.O. Box Numb	er is Not Acceptab	le)		
	in the second se		C	City			FL	Zip Code	<del></del>
above	named entity submits this statement	for the purpose of changing its	registered o	ffice or register	ed agent, or be	oth, in the State of F		amiliar with,	and accept
	tions of registered agent.		J	J					·
,TURE	Signature, typed or printed name of registered ager	t and title if applicable (NOT)	F: Registered Age	ant signature required	when minetation)		DATE		<del></del>
Filing Fee is \$50,00 Due by May 1, 2006					Make check payable to Florida Department of State				
	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	CHANGES		
ALE AME	MGR ANDERSON, LESLIE	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	1204 GALLANT FOX WAY		STREET AL	DORESS					
CTTY-ST-ZIP	CHULUOTA, FL 32766		CITY-ST-	ZIP					
TILE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			name Street al	nnerec					
CITY-ST-ZIP			CITY-ST-						
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NAME			NAME						-
STREET ADDRESS			STREET A	1					
CITY-ST-ZIP	1		CITY-ST-	· 21Y					

<sup>11.</sup> 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.