## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000053012

7834 42ND AVE. N

BAY PINES, FL 33709

Address:

City-St-Zip:

Entity Name: TABEL PRODUCTIONS, L.L.C.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6020 47TH KENNETH	AVE. N. CITY, FL 337	09		
Current Mailing Address:			New Mailing Address:	
6020 47TH KENNETH	AVE. N. CITY, FL 337	09		
FEI Number:	20-2840336	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
8462 MON	L, WILLIAM E ARCH CIRCLE E, FL 33772	US		
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electron	ic Signature of Registered Ager	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () TAYLOR, JIMM 6020 47TH AVE KENNETH CITY	E. N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () TAYLOR, CARO 6020 47TH AVE KENNETH CITY	E. N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () CAMPBELL, W 8462 MONARCI SEMINOLE, FL	H CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () CAMPBELL, EL 8462 MONARCI SEMINOLE, FL	H CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGR () CAMPBELL, JE	Delete FFREY L	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. CAMPBELL MGR 04/28/2008