

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90080 035 ****50.00

DOCUMENT # L05000059975

1. Entity Name
ARAGON PRODUCTIONS, LLC



Principal Place of Business
**1634 MAIN STREET
SARASOTA, FL 34236**

Mailing Address
**PO BOX 3319
SARASOTA, FL 34230**

30005510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3007691

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAMIGLIO, GEORGE V JR
STREET ADDRESS PO BOX 3319
CITY-ST-ZIP SARASOTA, FL 34230 ☒ Delete

TITLE MGR
NAME ARAGON, FERNANDO
STREET ADDRESS PO BOX 3319
CITY-ST-ZIP SARASOTA, FL 34230 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME DELMONTE HOLDINGS, LLC
STREET ADDRESS PO BOX 3319
CITY-ST-ZIP SARASOTA FL 34230 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/06 941-952-0725

Date

Daytime Phone #