

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069252

Entity Name: 138PRODUCTIONS L.L.C.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

217 NW 36 DR
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

217 NW 36 DR
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-4014979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSTERT, COLIN
217 NW 36 DR
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: HOSTERT, COLIN
Address: 217 NW 36 DR
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: JONES, BEN D
Address: 4320 NW 29 TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: SLADE, SKYLER
Address: 9509 NE 79 WAY
City-St-Zip: GAINESVILLE, FL 32609

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: COLIN HOSTERT

MR

04/24/2006

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