

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90065 023 ****50.00

DOCUMENT # L05000092989					
1. Entity Name EIG PRODUCTIONS, LLC					
Principal Place of Business 1001 KINGS AVENUE JACKSONVILLE, FL 32207			Mailing Address 1001 KINGS AVENUE JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 1420 N. 3RD ST.		3. Mailing Address ← SAME			
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc.			
City & State JACKSONVILLE BEACH, FL		City & State		4. FEI Number 20-3518979	
Zip 32250		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SWISHER, GEORGE W 1001 KINGS AVENUE JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name ERIC LEFFLER Street Address (P.O. Box Number is Not Acceptable) 1420 N. 3RD STREET 2ND FLOOR City JACKSONVILLE BEACH FL Zip Code 32250		
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 <u><i>Eric Leffler</i></u> ERIC LEFFLER <u>4/27/07</u> DATE <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWISHERBURGOS, INC. <input checked="" type="checkbox"/> Delete 1001 KINGS AVENUE JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARM ERIC LEFFLER <input type="checkbox"/> Delete 1420 N. 3RD ST. - 2ND FLOOR JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: <u><i>Eric Leffler</i></u> ERIC LEFFLER			<u>4/27/07</u> <u>904-607-8738</u> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					