


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90204 001 \*\*\*\*50.00

<b>DOCUMENT # L05000093789</b>			
1. Entity Name <b>SHAKY CAM FILMS, LLC</b>			
Principal Place of Business <b>4221 BOCA WOODS DRIVE ORLANDO, FL 32826 US</b>		Mailing Address <b>4221 BOCA WOODS DRIVE ORLANDO, FL 32826 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>05-0628117</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>COLOMBOTTI, RICHARD T 4221 BOCA WOODS DRIVE ORLANDO, FL 32826</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>			
Filing Fee to \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. <b>MANAGING MEMBER / MANAGER, BO</b>			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> Director
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Richard T. Colombotti</i>		3/10/06 407.375.2869	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	

TITLE:  
"MANAGING  
MEMBER"



ATTACHMENT

30005741

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2006

SHAKY CAM FILMS, LLC  
4221 BOCA WOODS DRIVE  
ORLANDO, FL 32826 US

Subject: SHAKY CAM FILMS, LLC

Reference Number:

L05000093789

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION

MANAGING  
MEMBER