

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102281

FILED  
May 04, 2007  
Secretary of State

Entity Name: DAISY MAE PRODUCTIONS, LLC

## Current Principal Place of Business:

370 SW 16TH STREET  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

5931 MICHAUX STREET  
BOCA RATON, FL 33433 US

## Current Mailing Address:

370 SW 16TH STREET  
BOCA RATON, FL 33432 US

## New Mailing Address:

5931 MICHAUX STREET  
BOCA RATON, FL 33433 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GANDON, BUFFY L  
370 SW 16TH STREET  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

GANDON, BUFFY L  
5931 MICHAUX STREET  
BOCA RATON, FL 33433 US

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: BUFFY GANDON

05/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GANDON, BUFFY L  
Address: 370 SW 16TH STREET  
City-St-Zip: BOCA RATON, FL 33432 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GANDON, BUFFY L  
Address: 5931 MICHAUX STREET  
City-St-Zip: BOCA RATON, FL 33433 US

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.

SIGNATURE: BUFFY GANDON

MGRM

05/04/2007

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