

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112000

FILED
Aug 30, 2006
Secretary of State

Entity Name: JUST BREATHE PRODUCTIONS, LLC

Current Principal Place of Business:

12619 IDAHO WOODS LANE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

12619 IDAHO WOODS LANE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

NAGY, LESA
12619 IDAHO WOODS LANE
ORLANDO, FL 32824 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAGY, LESA
Address: 12619 IDAHO WOODS LANE
City-St-Zip: ORLANDO, FL 32824

Title: MGRM () Delete
Name: HUK, MARLEE
Address: 3812 CREEK WAY CT.
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM () Delete
Name: CHEN, CHRISTINE
Address: 26 STONE GATE NORTH
City-St-Zip: LONGWOOD, FL 32779

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: LESA NAGY

MGRM

08/30/2006

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