

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112000

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: JUST BREATHE PRODUCTIONS, LLC

**Current Principal Place of Business:**

3812 CREEK WAY COURT  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

3812 CREEK WAY COURT  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 65-1290191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLEE, JACQUETTE  
3812 CREEK WAY COURT  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

JACQUETTE, MARLEE L  
3812 CREEK WAY COURT  
PLANT CITY, FL 33563 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: MARLEE L JACQUETTE

01/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARLEE, JACQUETTE  
Address: 3812 CREEK WAY COURT  
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: MGRM (X) Change ( ) Addition  
Name: JACQUETTE, MARLEE L  
Address: 3812 CREEK WAY COURT  
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARLEE L JACQUETTE

MGRM

01/31/2008

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