

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122992

FILED  
Aug 28, 2009  
Secretary of State

**Entity Name:** CLAIRE VISION PRODUCTIONS, LLC

**Current Principal Place of Business:**

515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 14-1954477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S. NO. 1, 3RD FLOOR  
NORTH PALM BEACH, FL 33408 US

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

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: CUILLO, ROBERT  
Address: 515 NORTH FLAGLER DRIVE, SUITE 808  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: PRICE, THOMAS  
Address: 134 CATONE DRIVE  
City-St-Zip: HENDERSONVILLE, TN 30705

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PRICE, THOMAS  
Address: 134 GATONE DRIVE  
City-St-Zip: HENDERSONVILLE, TN 30705

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: THOMAS PRICE

MANA

08/28/2009

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