


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90014 030 \*\*\*\*50.00

<b>DOCUMENT # L06000004956</b>					
<b>1. Entity Name</b> BCOOL PRODUCTIONS, LLC					
<b>Principal Place of Business</b> 1452 BRIARWOOD CT. SAFETY HARBOR, FL 34695			<b>Mailing Address</b> 36181 EAST LAKE RD. 309 PALM HARBOR, FL 34685		
<b>2. Principal Place of Business - No P.O. Box #</b> 2674 N McMullen Booth Rd Suite, Apt. #, etc. 1123		<b>3. Mailing Address</b> Same Suite, Apt. #, etc.			
<b>City &amp; State</b> Clearwater, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4129855	
<b>Zip</b> 33761		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COOLEY, ANDEA 36181 EAST LAKE RD. 309 PALM HARBOR, FL 34685				<b>7. Name and Address of New Registered Agent</b> Name: Same Street Address (P.O. Box Number is Not Acceptable): 2674 N McMullen Booth Rd 1123 City: Clearwater FL Zip Code: 33761	
<b>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.</b> SIGNATURE: <u>Andrea Cooley</u> <span style="float: right;">7-15-07</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR COOLEY, ANDREA 36181 EAST LAKE RD. PALM HARBOR, FL 34685		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	2674 N McMullen Booth Rd 1123 Clearwater, FL 33761	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u>Andrea Cooley</u>			7-15-07 727-424-4805		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					

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07152007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE