

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062636

FILED
Apr 05, 2007
Secretary of State

Entity Name: STRAWBERRY POCKETS PRODUCTIONS, LLC

Current Principal Place of Business:

4235 N. UNIVERSITY DR.
UNIT 303
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4235 N. UNIVERSITY DR.
UNIT 303
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 01-0872338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, CINA L
4235 N. UNIVERSITY DR
UNIT 303
SUNRISE, FL 33351 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: MGR () Delete
Name: SILVA, CINA L
Address: 4235 N UNIVERSITY, UNIT 303
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM () Delete
Name: SILVA, TYRONE A
Address: 4235 N UNIVERSITY, UNIT 303
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

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: CINA L. SILVA

MGR

04/05/2007

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