

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074248

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** GUTS & NUTS PRODUCTIONS, LLC

**Current Principal Place of Business:**

6672 MARIUS ROAD  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8091  
NORTH PORT, FL 34287 US

**New Mailing Address:**

6672 MARIUS ROAD  
NORTH PORT, FL 34287 US

FEI Number: 11-3786402      FEI Number Applied For ( )      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:**

PAXTON, SEAN T  
6672 MARIUS ROAD  
NORTH PORT, FL 34287 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: PAXTON, SEAN T  
Address: 6672 MARIUS ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM ( ) Delete  
Name: PAXTON II, BROOKS C  
Address: 6654 MARIUS ROAD  
City-St-Zip: NORTH PORT, FL 34287

**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 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: SEAN PAXTON

MGRM

09/03/2008

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