

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106578

FILED
Jan 29, 2009
Secretary of State

Entity Name: LAKE CITRUS PRODUCTIONS, LLC

Current Principal Place of Business:

1051 WINDERLEY PLACE STE 100
MAITLAND, FL 32751

New Principal Place of Business:

555 WINDERLEY PLACE STE 400
MAITLAND, FL 32751

Current Mailing Address:

1051 WINDERLEY PLACE STE 100
MAITLAND, FL 32751

New Mailing Address:

555 WINDERLEY PLACE STE 400
MAITLAND, FL 32751

FEI Number: 20-5847667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SAATHOFF, DWIGHT
555 WINDERLEY PLACE STE 400
MAITLAND, FL 32751 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: DWIGHT SAATHOFF

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SNOW, KATHLEEN E
Address: 555 WINDERLEY PLACE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: ARIOSIA, ISABEL
Address: 555 WINDERLEY PLACE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

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: ISABEL ARIOSIA

MS

01/29/2009

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