

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90063 018 \*\*\*138.75

**DOCUMENT # L06000113777**

1. Entity Name  
**GOLD PRODUCTIONS LLC**



Principal Place of Business  
**1964 JEFFORDS STREET  
CLEARWATER, FL 33764**

Mailing Address  
**1964 JEFFORDS STREET  
CLEARWATER, FL 33764**

**60040508**



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2221455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WALTERS, VICTOR E  
1964 JEFFORDS STREET  
CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALTERS, VICTORS E 1964 JEFFORDS STREET CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLOCK, VICTORIA M 8468 TALLAHASSEE DRIVE NE ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** *Victor Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-18-09*

Date

*727-709-2093*

Daytime Phone #

# ATTACHMENT

60040508

**Document Number** L06000113777  
**Business Entity Name** GOLD PRODUCTIONS LLC  
**FEI Number** 412221455  
**FEI Number Status**  
**Certificate of Status Desired** No

## Principal Place of Business

**Address** 1964 JEFFORDS STREET  
**City, State** CLEARWATER, FL  
**Zip Code & Country** 33764

## Mailing Address

**Address** 1964 JEFFORDS STREET  
**City, State** CLEARWATER, FL  
**Zip Code & Country** 33764

## Name And Address of Registered Agent

**Name (Last, First, Middle, Title)** WALTERS, VICTOR , E  
**Address** 1964 JEFFORDS STREET  
**City, State** CLEARWATER, FL  
**Zip Code & Country** 33764 US

## Managing Member/Manager Name And Address

### Name And Address #1

**Title** MGRM  
**Name (Last, First, Middle, Title)** WALTERS, VICTOR , E  
**Street Address** 1964 JEFFORDS STREET  
**City, State** CLEARWATER, FL  
**Zip Code & Country** 33764

### Name And Address #2

**Title** MGRM  
**Name (Last, First, Middle, Title)** WALTERS, VICTORIA , M  
**Street Address** 8468 TALLAHASSEE DRIVE NE  
**City, State** ST. PETERSBURG, FL  
**Zip Code & Country** 33702

**Title** MGRM  
**Managing Member/Manager Signature** VICTOR WALTERS

Please record the name change only on the 2<sup>nd</sup>. MGRM listed. The new last name is Walters and no longer Block.