2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2008
Secretary of State

DOCUMENT# L07000002852

Entity Name: FUNNY CADDY PRODUCTIONS LLC

Current Principal Place of Business:

3901 SW 20TH AVE., #607
GAINESVILLE, FL 326074588

New Principal Place of Business:

3901 SW 20TH AVE.
607
GAINESVILLE, FL 326074588

Current Mailing Address:

3901 SW 20TH AVE., #607
GAINESVILLE, FL 326074588

New Mailing Address:

3901 SW 20TH AVE.
607
GAINESVILLE, FL 326074588

FEI Number: 20-8741423 **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:

COLLINS, MICHAEL
3901 SW 20TH AVE., #607
GAINESVILLE, FL 326074588 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: COLLINS, MICHAEL
Address: 3901 SW 20TH AVE., #607
City-St-Zip: GAINESVILLE, FL 326074588

Title: MGR ( ) Delete
Name: COLLINS, CELIA
Address: 3901 SW 20TH AVE., #607
City-St-Zip: GAINESVILLE, FL 326074588

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: MICHAEL COLLINS MGR 08/23/2008

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