2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L07000023262

Entity Name: RIGHT COAST PRODUCTION LLC

Current Principal Place of Business:

1167 3RD AVE N.
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1167 3RD AVE N.
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 20-8625562 **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:

RILEY, JOSEPH
541 7TH AVE. S.
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

RILEY, JOSEPH
1167 3RD AVE N.
JACKSONVILLE, FL 32250 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: _____ 09/01/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RILEY, JOSEPH
Address: 541 7TH AVE. S.
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM ( ) Delete
Name: TANNER, SHANE
Address: 541 7TH AVE. S.
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RILEY, JOSEPH
Address: 1167 3RD AVE N
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM (X) Change ( ) Addition
Name: TANNER, SHANE
Address: 1167 3RD AVE N
City-St-Zip: JACKSONVILLE, FL 32250

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: JOSEPH PAUL RILEY MGR 09/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date