

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027480

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: BYRD AND COATS PRODUCTIONS LLC

## Current Principal Place of Business:

4328 NW 29TH WAY  
GAINESVILLE, FL 32605

## New Principal Place of Business:

9322 NW 15TH PLACE  
GAINESVILLE, FL 32606

## Current Mailing Address:

P.O. BOX 141443  
GAINESVILLE, FL 32614

## New Mailing Address:

FEI Number: 20-8603716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, NICHOLAS  
4328 NW 29TH WAY  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

BYRD, NICHOLAS  
9322 NW 15TH PLACE  
GAINESVILLE, FL 32606 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: JAMES COATS

01/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BYRD, NICHOLAS  
Address: 4328 NW 29TH WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: COATS, JAMES  
Address: 9322 NW 15TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BYRD, NICHOLAS  
Address: 9322 NW 15TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

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: JAMES COATS

MGRM

01/10/2009

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