

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056248

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: EYEWALL RECORDS, LLC

**Current Principal Place of Business:**

2248 NW 6TH PLACE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

127 WEST FAIRBANKS AVE STE 504  
WINTER PARK, FL 32789

**New Mailing Address:**

127 WEST FAIRBANKS AVE  
ST. 504  
WINTER PARK, FL 32789

FEI Number: 26-0265085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: STILLIS, STEPHEN A  
Address: 127 WEST FAIRBANKS AVE STE 504  
City-St-Zip: WINTER PARKS, FL 32789

Title: MGRM ( ) Delete  
Name: IMBODEN, KELLY M  
Address: 127 WEST FAIRBANKS AVE STE 504  
City-St-Zip: WINTER PARKS, FL 32789

**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: KELLY M. IMBODEN

MGRM

03/26/2009

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