


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:50

DOCUMENT # L07000069162 1. Entity Name I LOOKERS PRODUCTIONS, LLC	
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Principal Place of Business 1386 SHEARWATER DRIVE JACKSONVILLE FL 32218 US	Mailing Address 1386 SHEARWATER DRIVE JACKSONVILLE FL 32218 US
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2. Principal Place of Business - No P.O. Box # 1386 SHEARWATER DRIVE Suite, Apt. #, etc.	3. Mailing Address 1386 SHEARWATER DRIVE Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, FLORIDA	4. FEI Number 26-0457562	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32218	Country US	Zip 32218	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent  JONES, DEBORAH W 1386 SHEARWATER DRIVE JACKSONVILLE FL 32218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Deborah W. Jones DEBORAH W. JONES MGRM 04-20-08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	600128737116 05/07/08--01012--020 ***143.75
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, DEBORAH W 1386 SHEARWATER DRIVE JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: Deborah W. Jones DEBORAH W. JONES MGRM 04-20-08 904-251-6799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #