

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071191

FILED
Apr 19, 2009
Secretary of State

Entity Name: MI ROF ELKHI PRODUCTIONS LLC

Current Principal Place of Business:

680 S. SAVARY AVE
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1354
INVERNESS, FL 344501354 US

New Mailing Address:

FEI Number: 26-0866793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CRYSTAL A
680 S. SAVARY AVE
INVERNESS, FL 34453 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: WILSON, CRYSTAL A
Address: 680 S. SAVARY AVE
City-St-Zip: INVERNESS, FL 34453 US

Title: MGRM () Delete
Name: WILSON, JACKIE L SR
Address: 680 S. SAVARY AVE
City-St-Zip: INVERNESS, FL 34453 US

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: CRYSTAL A. WILSON

MGR

04/19/2009

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