2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000076170							-		, P		
1. Entity Nam YUNG GA	ANGSTA	PRODUCTIONS L	.L.C.			08 SEP 24 PH 2: 18					
				160	TEEL						
Principal Place of Business			Malling Address				SECRETA TALLAHA	KRT UF S SSEE FL	ORIDA		
7910 NAPO DRIVE			P.O. BOX 56935				IALLANA	3366 -			
JACKSONVILI	LE, FL 3221	17	JACKSONVILLE, FL 32247								
2. Principal P	lace of Busin	iess - No P.O. Box #	P.O. POX 56935								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09212008	Cha LLC	CBSEO	83 (12/06)		
						<u> </u>	Chg-LLC	CRZEU			
City & State			Lack Sonville, Fl			4. FEI Numb	ber		<u> </u>	plied For t Applicable	
Zip Country			Zip C	ountry		5 Cartificate	e of Status Desired		\$5.00 Add		
				SA					Fee Require	d	
	6. Name	and Address of Current I	Registered Agent	Name		7. Name an	d Address of New	Registered /	<u>\gent</u>		
DODD, SONIA											
7910 NAP		22217		ddress (i	ress (P.O. Box Number is Not Acceptable)						
JACKSON	IVILLE, FL	. 32211									
				City				FL	Zip Cod	e	
8. The above	named entit	v submits this statement for	the purpose of changing its regi	stered office o	r register	ed agent or b	oth in the State of I		amiliar with.	and accept	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to											
Due	by Septe	ember 12, 2008	liability company did not	receive the	prior not	tice.	Flori	da Departm	ent of State	•	
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	S/CHANGES			
TITLE	MGR		☐ Delete	TITLE	MERG	η			M Change	Addition	
name Street address	DODD, SONIA NAME OF THE PROPERTY OF THE PROPER					00^{-5}	00135 4/080103	20 <u>6</u> 1	L65 **143.	70	
CITY-ST-ZIP	P.O. BOX 56935 JACKSONVILLE, FL 322416935			STREET AODRESS CITY-ST-ZIP		00% 2	.47 00 00 74:	2000	**140.	10	
TITLE	MGR		☐ Delete	TITLE	mGRn	<u>^</u>			Change	Addition	
NAME		LL, FREDRICK	1	NAME							
STREET ADDRESS City-St-ZIP	P.O. BOX 56935 JACKSONVILLE, FL 322416935			STREET ADDRESS CITY-ST-ZIP						ł	
TITLE	MGRM	WILLE, FL 322410933	☐ Delete	TITLE	_				☐ Change	Addition	
NAME		LL, ALEX	L_1 Delac	NAME					C overle		
STREET ADDRESS	P.O. BOX		STREET ADDRESS								
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NAME STREET ADDRESS			Ī	NAME STREET ADDRESS							
CITY-ST-ZIP				CITY+ST-ZiP							
11. I hereby	certify that th	e information supplied with	this filing does not qualify for the	exemptions c	ontained	in Chapter 119	, Florida Statutes.	further certify	that the info	rmation	
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.											
9/22/08 904-73-1005											
			, ,						(2)		
SIGNAT	TURE: _		F SIGNING MANAGING MEMBER, MANAGE				7/22		704-7	32-1005	