

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90021 011 \*\*\*138.75

30007094



<b>DOCUMENT # L07000079979</b> 1. Entity Name <b>TABULA RASA PRODUCTIONS, LLC</b>																									
Principal Place of Business <b>2325 ULMERTON ROAD</b> <b>20</b> <b>CLEARWATER, FL 34622 US</b>			Mailing Address <b>2325 ULMERTON ROAD</b> <b>20</b> <b>CLEARWATER, FL 34622 US</b>																						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																							
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>26-0680512</b> Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03262008    Chg-LLC    CR2E083 (12/06)																					
6. Name and Address of Current Registered Agent  <b>BULLARD, BURTON</b> <b>2325 ULMERTON RD</b> <b>STE 20</b> <b>CLEARWATER, FL 34622</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																						
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 <u><i>Burt Burton</i></u> DATE <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State																						
<b>9. MANAGING MEMBERS / MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><b>BULLARD, BURTON</b></td> <td><b>2325 ULMERTON RD, STE 20</b></td> <td><b>CLEARWATER, FL 34622</b></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		<b>BULLARD, BURTON</b>	<b>2325 ULMERTON RD, STE 20</b>	<b>CLEARWATER, FL 34622</b>	<input type="checkbox"/>	<b>10. ADDITIONS / CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Change    Add</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/>    <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change    Add					<input type="checkbox"/> <input type="checkbox"/>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Burt Burton</i></u> Date: <u>4/28/08</u> Daytime Phone #: <u>727-576-6424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																									