

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

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02-11-2008 90134 044 ***138.75

DOCUMENT # L07000117747					
1. Entity Name BLUE LLAMA STUDIOS, LLC					
Principal Place of Business 5265 TULANE AVENUE JACKSONVILLE, FL 32207			Mailing Address 5265 TULANE AVENUE JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
6. Name and Address of Current Registered Agent LAWLOR, JOHN E III 501 RIVERSIDE AVENUE, STE. 600 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		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 <i>John E. Lawlor III</i>			DATE <i>2/6/08</i>		
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARRY, PATRICK J 5265 TULANE AVENUE JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
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 606, Florida Statutes.					
SIGNATURE: <i>Patrick Barry</i>			DATE: <i>Feb 5, 08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		