


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

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90022 038 \*\*\*144.00

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # L07000127009  |         |  |         |
| 1. Entity Name<br>CABERFEIDH PRODUCTIONS, LLC                                      |         |   |         |
| Principal Place of Business<br>5011 WINDMILL PALM TER NE<br>ST PETERSBURG FL 33703 |         | Mailing Address<br>P O BOX 40041<br>ST PETERSBURG FL 33743                        |         |
| 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 |



1st MOORE CR2E083 (10/07)

|  |  |   |  |
|--|--|---|--|
| 4. FEI Number<br>26-1538623  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>MACKENZIE GROSS, DALE<br>5011 WINDMILL PALM TER NE<br>ST PETERSBURG FL 33703<br><i>GROSS = Last Name</i>  |  | 7. Name and Address of New Registered Agent<br>Name: <i>GROSS, Dale MacKenzie</i><br>Street Address (P.O. Box Number is Not Acceptable): <i>Same Address, New Name</i><br>City: <i>FL</i> Zip Code: <i>FL</i> |  |
| 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.<br>SIGNATURE: <i>Dale MacKenzie Gross</i> DATE: <i>14 April 2008</i> |  |   |  |

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

*139*  
*+5*

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MACKENZIE GROSS, DALE<br>P O BOX 40041<br>ST PETERSBURG FL 33743 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>GROSS is last Name</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BUIE GROSS, SARA JEAN<br>P O BOX 40041<br>ST PETERSBURG FL 33743 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>GROSS is last Name</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

*MGRM*

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: *Dale MacKenzie Gross* DATE: *14 April 2008* TELEPHONE: *727/527-9099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #