

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022899

FILED
Apr 30, 2009
Secretary of State

Entity Name: KIMERA PRODUCTIONS, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES, FL 33134

New Principal Place of Business:

729 NE 159TH ST
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES, FL 33134

New Mailing Address:

729 NE 159TH ST
NORTH MIAMI BEACH, FL 33162

FEI Number: 26-2160475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAGEL, JAMES P
150 ALHAMBRA CIRCLE, SUITE 1270
CORAL GABLES, FL 33134 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: P () Delete
Name: FLOR, ENRIQUE
Address: 150 ALHAMBRA CIRCLE, SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: SERRANO, KATTY
Address: 150 ALHAMBRA CIRCLE, SUITE 1270
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SERRANO, KATTY
Address: 729 NE 159TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: V (X) Change () Addition
Name: BARBA, ROBERTO
Address: 729 NE 159TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: KATTY SERRANO

P

04/30/2009

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