

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046393

FILED  
Aug 30, 2009  
Secretary of State

Entity Name: MOREUS PRODUCTIONS, LLC

**Current Principal Place of Business:**

227 PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

227 PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 26-2618049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOREUS, ROBERT  
227 PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986      US

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: MGRM      ( ) Delete  
Name: MOREUS, ROBERT  
Address: 227 PLEASANT GROVE WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM      ( ) Delete  
Name: MOREUS, BARBARA  
Address: 227 PLEASANT GROVE WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA BAPTISTE

MGMR

08/30/2009

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