

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054223

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SILVERBROOK PRODUCTIONS, LLC

**Current Principal Place of Business:**

4747 CAINS WREN TRAIL  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

4747 CAINS WREN TRAIL  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 26-2716380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REID, THOMAS B SR  
4747 CAINS WREN TRAIL  
SANFORD, FL 32771 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: MGRM ( ) Delete  
Name: REID, THOMAS B SR  
Address: 4827 CAINS WREN TRAIL  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: SPARGO, JOHN W  
Address: 11212 WAPLES MILL RD SUITE 104  
City-St-Zip: FAIRFAX, VA 22030

Title: MGRM ( ) Delete  
Name: REID, ALLEN K  
Address: 3337 HEMLOCK  
City-St-Zip: FALLS CHURCH, VA 22046

Title: MGRM ( ) Delete  
Name: MINOR, RICHARD E II  
Address: 3583 DELL COURT  
City-St-Zip: WARRENTON, VA 21087

Title: MGR ( ) Delete  
Name: REID, MICHOLE A  
Address: 4827 CAINS WREN TRAIL  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REID, THOMAS B SR  
Address: 4747 CAINS WREN TRAIL  
City-St-Zip: SANFORD, FL 32771

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

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

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

Title: MGR (X) Change ( ) Addition  
Name: REID, MICHOLE A  
Address: 4747 CAINS WREN TRAIL  
City-St-Zip: SANFORD, FL 32771

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: THOMAS REID

MGRM

04/29/2009

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