

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059211

FILED  
May 06, 2009  
Secretary of State

Entity Name: EYE MAGIC PICTURES LLC

## Current Principal Place of Business:

8130 GLADES RD.  
# 374  
BOCA RATON, FL 33433 US

## New Principal Place of Business:

## Current Mailing Address:

8130 GLADES RD.  
# 374  
BOCA RATON, FL 33433 US

## New Mailing Address:

FEI Number: 80-0163269      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:

EUGENE, MARGALIE  
8427 BOCA RIO DR.  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

EUGENE, MARGALIE  
8130 GLADES RD.  
BOCA RATON, FL 33433 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: MARGALIE EUGENE

05/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: AURELIEN, BEN P  
Address: 1411 NE 113 TER.  
City-St-Zip: MIAMI, FL 33167 US

Title: MGR ( ) Delete  
Name: AURILIN, DAVID  
Address: 2360 ALICE NOLIN APT. 2  
City-St-Zip: MONTREAL, QC H4N3G9 CA

Title: MGR ( ) Delete  
Name: ORILIN, SAMUEL  
Address: 12, RUE LLE MERCIER DELMAS 13  
City-St-Zip: DELMAS, HT HT112 HT

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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 ( ) Change (X) Addition  
Name: MENARD, MODELIN MGR  
Address: 18001 NW 3 AVE.  
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Change (X) Addition  
Name: GEORGES, MIRLANDE MGR.  
Address: 24, DELMAS 51  
City-St-Zip: DELMAS, HT HT6120

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: BEN AURELIEN

CEO

05/06/2009

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