

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006444

FILED
May 01, 2007
Secretary of State

Entity Name: AARDVARK PRODUCTIONS, L.L.C.

Current Principal Place of Business:

428 AKRON AVENUE, 1A
STUART, FL 34994

New Principal Place of Business:

428 SW AKRON AVENUE, 1A
STUART, FL 34994

Current Mailing Address:

428 AKRON AVENUE, 1A
STUART, FL 34994

New Mailing Address:

428 SW AKRON AVENUE, 1A
STUART, FL 34994

FEI Number: 65-0412052 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:

KRUEGER, GERALYNN M
428 AKRON AVENUE, 1A
STUART, FL 34994 US

Name and Address of New Registered Agent:

KRUEGER, GERALYNN M
428 SW AKRON AVENUE, 1A
STUART, FL 34994 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: GERALYNN M. KRUEGER

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRUEGER, GERALYNN M
Address: 428 SW AKRON AVENUE, 1A
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: KRUEGER, MICHAEL G
Address: 428 SW AKRON AVENUE, 1A
City-St-Zip: STUART, FL 34994

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: GERALYNN M. KRUEGER

MGMR

05/01/2007

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