8/30/2005-90015-021-$55.00-$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30011187

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006834

1. Entity Name
ZOE PRODUCTIONS, L.L.C.

Principal Place of Business	Mailing Address
~~1877 TIMARRON WAY~~ ~~NAPLES, FL 34109~~ 2757 TRASBIN CT THOMPSONS STA. TN 37179	~~1877 TIMARRON WAY~~ ~~NAPLES, FL 34109~~ 2757 TRASBIN CT THOMPSONS STA TN

DO NOT WRITE IN THIS SPACE

08182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0955054

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, TODD L
5551 RIDGEWOOD DRIVE, STE. 501
NAPLES, FL 34108

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MEM MGRM
NAME	PETRUCCI, DOUGLAS S
STREET ADDRESS	~~1877 TIMARRON WAY~~ 2757 TRASBIN CT
CITY-ST-ZIP	~~NAPLES, FL 34109~~ THOMPSONS STA, TN 37179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 8-20-05 615-599-7473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #