


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000042481**

1. Entity Name  
**TWB ENTERTAINMENT, LLC**



Principal Place of Business <b>6224 14TH STREET W.          BRADENTON, FL 34207</b>	Mailing Address <b>6224 14TH STREET W.          BRADENTON, FL 34207</b>
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04232008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2783325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER STREET, SUITE 2200 C/O CARLOS CANINO MIAMI, FL 33130**

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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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000925577  
 05/20/08-80031-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CECIL 2673 MONOCACY FORD RD. FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, KEVIN 2673 MONOCACY FORD RD. FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONWAY, TIM 2673 MONOCACY FORD RD. MOUNT AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, ANN 2673 MONOCACY FORD RD. FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4/23/08** DAYTIME PHONE #: **941-755-5505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #