

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090815

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SPRING BREAK MASSACRE LLC

**Current Principal Place of Business:**

649 SW WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

649 SW WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 27-3346383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTERA, JOSEPH G JR  
649 SW WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984 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: MGR  
Name: HOFFMAN, MICHAEL A  
Address: 1302 SW CENTURY AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGR  
Name: DEE, RYAN J  
Address: 1071 KEYSTONE DRIVE APT A  
City-St-Zip: JUPITER, FL 33458

I hereby 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: MICHAEL A HOFFMAN

MGR

04/18/2011

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