

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90205 005 \*\*\*138.75

**DOCUMENT # M06000004903**

1. Entity Name  
 DISCRETION ENTERTAINMENT LLC



Principal Place of Business  
 8193 112TH TERRACE N.  
 WEST PALM BEACH, FL 33412

Mailing Address  
 8193 112TH TERRACE N.  
 WEST PALM BEACH, FL 33412

60014946



02062008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 94-3380434	Applied For 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

CLAPP, DAVIS  
 8193 112TH TERRACE N.  
 WEST PALM BEACH, FL 33412

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAPP, DAVIS 8193 112TH TERRACE N. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member James N. Clapp II 1003 Lake Street S. #202 Kirkland, WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member David Sterling 2219 Second Ave, Suite 610 Seattle, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  3/4/08 561-626-5995

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