

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041418

1. Entity Name
COUNTRY MUSIC LEGENDS LLC



Principal Place of Business
649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 US

Mailing Address
649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984 US



03312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0424079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTERA, JOSEPH G JR.
649 SW WHITMORE DRIVE
PORT ST. LUCIE, FL 34984

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUTERA, JOSEPH G JR
STREET ADDRESS 649 SW WHITMORE DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE MGR
NAME SIMMONS, RONALD
STREET ADDRESS 649 SW WHITMORE DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE MGR
NAME STINSON, LOUIS
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000286232
04/04/05-80019-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joseph G Butera Jr. 3/31/05 772-879-9400

Date

Daytime Phone #