


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

DO NOT WRITE IN THIS SPACE



03312005No Chg-LLC CR2E083 (10/03)

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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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 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	

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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)(7), 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: Joseph G Butera, Jr. 3/31/05 772-879-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #