
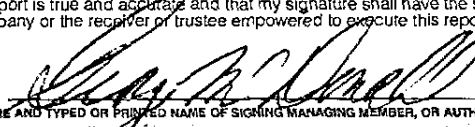


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019043</b>		
1. Entity Name <b>SOMETHING SPECIAL EVENTS LLC.</b>		
Principal Place of Business <b>11310 S. ORANGE BLOSSOM TRAIL PMB 207 ORLANDO, FL 32837</b>	Mailing Address <b>11310 S. ORANGE BLOSSOM TRAIL PMB 207 ORLANDO, FL 32837</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCDONALD, GEORGE 2327 LAUREL PINE LANE ORLANDO, FL 32837</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GEORGE MCDONALD LLC 2327 LAUREL PINE LANE ORLANDO, FL 32837</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KATHLEEN A MCDONALD LLC 2327 LAUREL PINE LANE ORLANDO, FL 32837</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



02162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3754841**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000153225  
05/04/04-80119-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

4-29-04 407-859-7800  
Date Daytime Phone #