

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90374 012 \*\*\*\*50.00

**DOCUMENT # L01000019043**

1. Entity Name  
SOMETHING SPECIAL EVENTS LLC.



Principal Place of Business  
11310 S. ORANGE BLOSSOM TRAIL  
PMB 207  
ORLANDO, FL 32837

Mailing Address  
11310 S. ORANGE BLOSSOM TRAIL  
PMB 207  
ORLANDO, FL 32837

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3754841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCDONALD, GEORGE  
2327 LAUREL PINE LANE  
ORLANDO, FL 32837

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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GEORGE MCDONALD LLC  
2327 LAUREL PINE LANE  
ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KATHLEEN A MCDONALD LLC  
2327 LAUREL PINE LANE  
ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:** \_\_\_\_\_

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

Date

Daytime Phone #

April 29, 2005 407-859-7800