


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90028 001 ***138.75

DOCUMENT # L03000004533		
1. Entity Name CLYDE MASTERS PRODUCTIONS, LLC		

Principal Place of Business 6068 SANCTUARY GARDEN PORT ORANGE FL 32128 US	Mailing Address PO BOX 214549 SOUTH DAYTONA BEACH FL 32121 US
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2. Principal Place of Business - No P.O. Box # 6068 Sanctuary Garden Blvd	3. Mailing Address PO Box 290006
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/08)

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32128	Zip 32129
Country USA	Country USA

4. FEI Number 62-1780122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MASTERS, CLYDE 6068 SANCTUARY GARDEN BLVD PORT ORANGE FL 32128	
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7. Name and Address of New Registered Agent Name: Clyde W Masters Street Address (P.O. Box Number is Not Acceptable): 6068 Sanctuary Garden Blvd City: PORT ORANGE FL Zip Code: 32128	
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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: *Clyde W Masters* DATE: _____

<p>FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008</p>	<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/></p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, CLYDE W 6068 SANCTUARY GARDEN BLVD PORT ORANGE FL 32128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, LISA A 6068 SANCTUARY GARDEN BLVD PORT ORANGE FL 32128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Clyde W Masters*

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