

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004533

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** CLYDE MASTERS PRODUCTIONS, LLC

**Current Principal Place of Business:**

6068 SANCTUARY GARDEN BLVD  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 290006  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

6068 SANCTUARY GARDEN BLVD  
PORT ORANGE, FL 32128 US

**FEI Number:** 62-1780122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, CLYDE  
6068 SANCTUARY GARDEN BLVD  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MASTERS, CLYDE W  
**Address:** 6068 SANCTUARY GARDEN BLVD  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** MGR  
**Name:** MASTERS, LISA A  
**Address:** 6068 SANCTUARY GARDEN BLVD  
**City-St-Zip:** PORT ORANGE, FL 32128 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR.

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date