


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90212 039 ****50.00

DOCUMENT # L03000005335					
1. Entity Name SEBASTIAN ENTERTAINMENT, LLC					
Principal Place of Business 1550 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958 US			Mailing Address 2585 LAGOON COURT VERO BEACH, FL 32963 US		
2. Principal Place of Business		3. Mailing Address 1550 INDIAN RIVER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SEBASTIAN FL		4. FEI Number 13-4253699	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32958		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOSEPH, SETH Z % KURZBAN, KURZBAN, WEINGER & TETZELI, PA 2650 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133			Name BEVERLEY A WARD		
			Street Address (P.O. Box Number is Not Acceptable) 2585 LAGOON COURT		
			City VERO BEACH FL		
			Zip Code 32963		
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		B.A. WARD		04/04/2006	
<i>B.A. Ward</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, BEVERLEY	NAME			
STREET ADDRESS	2585 LAGOON COURT	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINSON, CHRISTOPHER	NAME			
STREET ADDRESS	9266 106TH AVE	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		B.A. WARD		04/04/2006 772-589-1115.	
<i>B.A. Ward</i>		(NOTE: Registered Agent signature required when reinstating)		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	