


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

|                                                                              |                                                                  |                                                                                   |
|------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000030252</b>                                               |                                                                  |  |
| 1. Entity Name<br>CENTURY COSTUMES, LLC                                      |                                                                  |                                                                                   |
| Principal Place of Business<br>3510 SOUTH ORANGE AVE<br>ORLANDO, FL 32806 US | Mailing Address<br>3510 SOUTH ORANGE AVE<br>ORLANDO, FL 32806 US |                                                                                   |



02072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

STRAHL, KARL R  
 5009 PLEASURE ISLAND ROAD  
 ORLANDO, FL 32809

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>STRAHL, KARL R<br>5009 PLEASURE ISLAND ROAD<br>ORLANDO, FL 32809 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

**DO NOT WRITE IN THIS SPACE**

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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:**  **2.19.08** **407-251-7110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #