


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90131 043 \*\*\*\*50.00

<b>DOCUMENT # L03000039997</b> 1. Entity Name UNIVERSAL PERFORMING ARTS CENTER, LLC					
Principal Place of Business 5799 MALTON ST. NORTH PORT, FL 34286			Mailing Address 5799 MALTON ST. NORTH PORT, FL 34286		
2. Principal Place of Business - No P.O. Box # 640 Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Port Charlotte, FL Zip 33953		City & State Port Charlotte, FL Zip 33953		Country United States	
4. FEI Number 20-0313073				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DONZA, ANTHONY 5799 MALTON ST. NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONZA, ANTHONY 5799 MALTON ST. NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONZA, ANDREA LYNN 5799 MALTON ST. NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> <u>A. Donza</u>			3/12/07 941-628-1817		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		