# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 18, 2005**
**Secretary of State**

DOCUMENT# L03000054179

**Entity Name:** SHREVE ENTERTAINMENT LLC

**Current Principal Place of Business:**

137 WALTON HEATH DRIVE
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

137 WALTON HEATH DRIVE
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number: 20-0508465** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHREVE, WILLIAM
137 WALTON HEATH DRIVE
ORLANDO, FL 32828 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/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | SHREVE, WILLIAM | |
| Address: | 137 WALTON HEATH DRIVE | |
| City-St-Zip: | ORLANDO, FL 32828 US | |
| Title: | MGR | ( ) Delete |
| Name: | SHREVE, SANDRA | |
| Address: | 137 WALTON HEATH DRIVE | |
| City-St-Zip: | ORLANDO, FL 32828 US | |
| Title: | MGR | ( ) Delete |
| Name: | MEDFORD, LUCIA | |
| Address: | 4844 SUDBURY DRIVE | |
| City-St-Zip: | ORLANDO, FL 32825 | |
| Title: | MGR | ( ) Delete |
| Name: | KOPF, NANCY | |
| Address: | 1167 GOLF POINT LOOP | |
| City-St-Zip: | APOPKA, FL 32712 | |
| Title: | MGR | ( ) Delete |
| Name: | NEWKIRK, JIM | |
| Address: | 78 BORDER ROAD | |
| City-St-Zip: | CONCORD, MA 07142 | |
| Title: | MGR | ( ) Delete |
| Name: | NEWKIRK, BARBARA | |
| Address: | 78 BORDER ROAD | |
| City-St-Zip: | CONCORD, MA 07142 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: WILLIAM I SHREVE MGRM 04/18/2005

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