

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054179

FILED
Mar 20, 2006
Secretary of State

Entity Name: SHREVE ENTERTAINMENT LLC

Current Principal Place of Business:

137 WALTON HEATH DRIVE
ORLANDO, FL 32828 US

New Principal Place of Business:

552 JASMINE BLOOM DR
APOPKA, FL 32712 US

Current Mailing Address:

137 WALTON HEATH DRIVE
ORLANDO, FL 32828 US

New Mailing Address:

552 JASMINE BLOOM DR
APOPKA, FL 32712 US

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:

SHREVE, WILLIAM
552 JASMINE BLOOM DR
APOPKA, FL 32712 US

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: WILLIAM I. SHREVE

03/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: SHREVE, WILLIAM
Address: 552 JASMINE BLOOM DR
City-St-Zip: APOPKA, FL 32712 US

Title: MGR (X) Change () Addition
Name: SHREVE, SANDRA
Address: 552 JASMINE BLOOM DR
City-St-Zip: APOPKA, FL 32712 US

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 Chapter 119, 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

03/20/2006

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