

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054179

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: SHREVE ENTERTAINMENT LLC

## Current Principal Place of Business:

552 JASMINE BLOOM DR  
APOPKA, FL 32712 US

## New Principal Place of Business:

## Current Mailing Address:

552 JASMINE BLOOM DR  
APOPKA, FL 32712 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  
552 JASMINE BLOOM DR  
APOPKA, FL 32712 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/MANAGERS:

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

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

04/25/2008

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