2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054179

CONCORD, MA 07142

City-St-Zip:

Entity Name: SHREVE ENTERTAINMENT LLC

FILED Apr 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 552 JASMINE BLOOM DR APOPKA, FL 32712 US **Current Mailing Address: New Mailing Address:** 552 JASMINE BLOOM DR APOPKA, FL 32712 FEI Number: 20-0508465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHREVE, WILLIAM 552 JASMINE BLOOM DR APOPKA, FL 32712 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHREVE, WILLIAM Name: Name: 552 JASMINE BLOOM DR Address: Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition SHREVE, SANDRA Name: Name: Address: 552 JASMINE BLOOM DR Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MEDFORD, LUCIA Name: Name: Address: 4844 SUDBURY DRIVE Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: () Delete Title: MGR Title: () Change () Addition KOPF, NANCY Name: Name: 1167 GOLF POINT LOOP Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: MGR () Delete Title: () Change () Addition NEWKIRK, JIM Name: Name: 78 BORDER ROAD Address: Address: City-St-Zip: CONCORD, MA 07142 City-St-Zip: Title: () Delete Title: () Change () Addition NEWKIRK, BARBARA Name: Name: Address: 78 BORDER ROAD Address:

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.

City-St-Zip:

SIGNATURE: WILLIAM I. SHREVE MGRM 04/04/2009