

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054179

FILED
Apr 04, 2009
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

04/04/2009

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