

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054179

FILED  
May 01, 2010  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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  
**Name:** SHREVE, WILLIAM  
**Address:** 552 JASMINE BLOOM DR  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGR  
**Name:** SHREVE, SANDRA  
**Address:** 552 JASMINE BLOOM DR  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGR  
**Name:** MEDFORD, LUCIA  
**Address:** 4844 SUDBURY DRIVE  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** MGR  
**Name:** KOPF, NANCY  
**Address:** 1167 GOLF POINT LOOP  
**City-St-Zip:** APOPKA, FL 32712

**Title:** MGR  
**Name:** NEWKIRK, JIM  
**Address:** 78 BORDER ROAD  
**City-St-Zip:** CONCORD, MA 07142

**Title:** MGR  
**Name:** NEWKIRK, BARBARA  
**Address:** 78 BORDER ROAD  
**City-St-Zip:** CONCORD, MA 07142

I hereby 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

MR

05/01/2010

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