

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016415

FILED
Jan 09, 2007
Secretary of State

Entity Name: PO SIDE ENTERTAINMENT L.C.

Current Principal Place of Business:

566 S.W. 2ND ST.
APT. #3
BELLE GLADE, FL 33430

New Principal Place of Business:

509 S.W. 9TH ST
APT. #2
BELLE GLADE, FL 33430

Current Mailing Address:

566 S.W. 2ND ST.
APT. #3
BELLE GLADE, FL 33430

New Mailing Address:

P.O. BOX 3032
BELLE GLADE, FL 33430

FEI Number: 87-0721515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESERE, O'BENSON
566 S.W. 2ND ST.
APT. #3
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

PAUL, EDDIE
509 S.W. 9TH ST
APT. #2
BELLE GLADE, FL 33430 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: EDDIE PAUL

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SESERE, O'BENSON
Address: 566 S.W. 2ND ST. APT. #3
City-St-Zip: BELLE GLADE, FL 33430

Title: MGRM (X) Delete
Name: PAUL, EDDIE
Address: 566 S.W. 2ND ST. APT. #3
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAUL, EDDIE
Address: P.O. BOX 3032
City-St-Zip: BELLE GLADE, FL 33430

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: EDDIE PAUL

MGR

01/09/2007

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