2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000079224

Entity Name: FLORIDA PIRATE FESTIVALS, LLC

Current Principal Place of Business:

5725 19TH AVE S
GULF PORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

PO BOX 40094
ST PETERSBURG, FL 337430094

New Mailing Address:

FEI Number: 20-3416944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEKASI, SCOTT
5725 19TH AVE SOUTH
GULFPORT, FL 33707 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:	BEKASI, SCOTT	
Address:	5725 19TH AVE S	
City-St-Zip:	GULF PORT, FL 33707	
Title:	MGRM	( ) Delete
Name:	HILLER, KRIS	
Address:	5725 19TH AVE S	
City-St-Zip:	GULF PORT, FL 33707	
Title:	MGRM	( ) Delete
Name:	VERITY, LISA A	
Address:	4578 12TH AVE N	
City-St-Zip:	ST PETERSBURG, FL 33713	
Title:	MGRM	( ) Delete
Name:	WISON, KEVIN	
Address:	4578 12TH AVE N	
City-St-Zip:	ST PETERSBURG, FL 33713	
Title:	MGRM	( ) Delete
Name:	WEST, ANGELA	
Address:	PO BOX 20801	
City-St-Zip:	ST PETERSBURG, FL 33742	

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:	

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: LISA A. VERITY MGRM 04/30/2008

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