

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094221

FILED
Jan 14, 2008
Secretary of State

Entity Name: RAVENWOOD ENTERTAINMENT LLC

Current Principal Place of Business:

9173 CAMDEN GARDENS ST.
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

9173 CAMDEN GARDENS ST.
ORLANDO, FL 32827

New Mailing Address:

FEI Number: 20-2059283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, CINDY L
9349 MUSTARD LEAF DRIVE
ORLANDO, FL 32827 US

Name and Address of New Registered Agent:

LIVINGSTON, CINDY L
9173 CAMDEN GARDENS ST.
ORLANDO, FL 32827 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: CINDY LIVINGSTON

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIVINGSTON, CINDY L
Address: 9349 MUSTARD LEAF DRIVE
City-St-Zip: ORLANDO, FL 32827

Title: MGR () Delete
Name: LIVINGSTON, RICHARD C
Address: 9349 MUSTARD LEAF DRIVE
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIVINGSTON, CINDY L
Address: 9173 CAMDEN GARDENS ST.
City-St-Zip: ORLANDO, FL 32827

Title: MGR (X) Change () Addition
Name: LIVINGSTON, RICHARD C
Address: 9173 CAMDEN GARDENS ST.
City-St-Zip: ORLANDO, FL 32827

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: CINDY LIVINGSTON

MGRM

01/14/2008

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