

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000030118

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** ECLECTIC ENTERTAINMENT, LLC

**Current Principal Place of Business:**

1200 10TH PLACE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1200 10TH PLACE  
VERO BEACH, FL 32960

**New Mailing Address:**

960 6TH LANE  
VERO BEACH, FL 32962

**FEI Number:** 20-2582174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEFANACCI, KARIE A MGRM  
1200 10TH PLACE  
188  
VERO BEACH, FL 32960 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: STEFANACCI, KARIE A  
Address: 1200 10TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 FL

Title: MGRM ( ) Delete  
Name: LEWIS, ROBERT J  
Address: 1200 10TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WADDELL, DONNA J  
Address: 1090 10TH PLACE  
City-St-Zip: VERO BEACH, FL 32960 FL

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:** KARIE STEFANACCI

MGRM

04/18/2008

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