


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-05-2006 90024 015 ****50.00

DOCUMENT # L05000042471

1. Entity Name
SL ENTERTAINMENT, LLC



Principal Place of Business
**6224 14TH STREET W.
 BRADENTON, FL 34207**

Mailing Address
**6224 14TH STREET W.
 BRADENTON, FL 34207**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

30010452



04122008 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2783292 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEARNS WEAVER MILLER WEISSLER ALHADEFF &
 SITTERSON, P.A. 150 WEST FLAGLER STREET, S
 SUITE 2200 C/O CARLOS CANINO
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

Filing Fee is \$50.00 Due by May 1, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Cecil White 2673 Monocacy Ford Road Frederick, MD 21701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Kevin White 9327 Hillsborough Drive Frederick, MD 21701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Tim Conway 901 Meadow Green Drive Mount Airy, MD 21771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Ann White 2673 Monocacy Ford Road Frederick, MD 21701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  4/20/06 941-755-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #