## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000042471** 

SL ENTERTAINMENT, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

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

6224 14TH STREET W. BRADENTON, FL 34207



04232008 No Chg-LLC

CR2E083 (12/07)

4	FEI Number	 	Applied For
	20-2783292		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &

	DN, P.A. 150 WEST FLAGLER STREET, S DC/O CARLOS CANINO 33130	IN THIS S	PACE				
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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM						
NAME	WHITE, CECIL						
STREET ADDRESS	2673 MONOCACY FORD ROAD		100929702				
CITY-ST-ZIP	FREDERICK, MD 21701	ne/2i/	กละอักกัสวิจะกำเรากลองสร				
TITLE	MGRM						
NAME	WHITE, KEVIN						
STREET ADDRESS	9327 HILL SBOROUGH DRIVE						

CITY-ST-ZIP FREDERICK, MD 21701 MGRM TITLE CONWAY, TIM NAME 901 MEADOW GREEN DRIVE STREET ADDRESS CITY-ST-ZIP MOUNT AIRY, MD 21771 TITLE MGRM WHITE, ANN NAME 2673 MONOCACY FORD ROAD STREET ADDRESS FREDERICK, MD 21701 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAPING MEMBER, OR AUTHORIZED REPRESENTATIVE