


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000093196</b> 1. Entity Name <b>MYSTIC CHORDS SOCIAL AID &amp; PLEASURE CLUB LLC</b>	
---	---

Principal Place of Business <b>1450 VIA PORTOFINO NAPLES, FL 34108</b>	Mailing Address <b>1450 VIA PORTOFINO NAPLES, FL 34108</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LLC

CR2E083 (12/07)

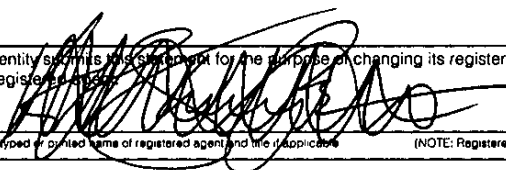
4. FEI Number <b>20-3497984</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SHARPE, KEITH A 1450 VIA PORTOFINO NAPLES, FL 34108</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 1/15/08

Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARPE, KEITH A 1450 VIA PORTOFINO NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL WILLIE SHALLIES 1450 VIA PORTOFINO NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000789372  
01/22/08-80021-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:  Managing Member DATE 1/15/08

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