## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT				_	FI	F-000		
DOCUMENT # L06000003159					FIL			
1. Entity Name STREET ENTERTAINMENT, LLC				0	7 JAN 29 A	4.4		
STREET ENTERTAINMENT, LEG				SE	COme	M 9: 03		
				TALI	CRETARY OF	FSIATE		
Principal Place of Business Mailing Address					"ANASSEE,	FLORIDA		
2855 APALACHEE PARKWAY P.O. BOX 2281 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32316			$\sim \sim \sim$	1		TONIUA	l	
	4 LB2    B	IN BANK KIN ANN APNE AP		(1 <b>28</b> 1 <b>8</b> 117 <b>8 (8</b>	16 <b>7</b> 1 10 1031			
Principal Place of Business - No P.O. Box #			<del>   //`</del>	<del> </del>				
			· '					
Suite, Apt. #, etc. Suite, Apt. #, etc.			01292007	Chg-LLC	CR2E083	(12/06)		
City & State City & State				4. FEI Numb	per	·	AF	oplied For
Zip Country	Country Zip Count					•		ot Applicable
Zip	Zip Country		iry	5. Certificat	e of Status Desired		5.00 Add e Require	
6. Name and Address of Current Registered Agent			N	7. Name an	d Address of New R	egistered Age	ent	
SAPP, QUAN			Name					
4011 SMOKE RIDGE CIR. E			Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32225								
			City	<del></del>		FL	Zip Cod	e
The above named entity submits this statement to	or the purpose of changing its	s reaistere	Led office or register	red agent, or be	oth, in the State of Flo		niliar with	and accept
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 printer name of registered agant	and title if applicable. (NOT	E- Pagietara	d Agent signature required	t whom reinstations		DATE		
3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the happinearie. (1101	i.c. negistere	u Agent agnature required	where remistating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						e check paya n Department		
			J	ř.	<u>'</u>			í
9. MANAGING MEMBE	HS/MANAGERS  Delete	10.	:		ADDITIONS/		Change	Addition
NAME SAPP, QUAN	L3 Delete	NAM		7	000882	_	- •	L Audition
STREET ADDRESS 2855 APALACHEE PARKWAY CITY-ST-ZIP TALLAHASSEE, FL 32301			ET ADDRESS - ST-ZIP	02/1	3/0701049	008	⇒ **50.(	00
TITLE MGR	Delete	TITLE		·			Change	Addition
NAME CISERO, JANAE	CISERO, JANAE						_ Crialiye	Addition
STREET ADDRESS 2855 APALACHEE PARKWAY CITY-ST-ZIP TALLAHASSEE, FL 32301	.   Laiti		et address -St-Zip					
TITLE	☐ Delete	TITLE		<u></u>			7 Change	Addition
NAME		NAMI	E			_	J Onlinge	Addition
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NAME		NAME					~	
STREET ADDRESS  CITY-ST-ZIP			ET ADORESS ST-ZIP					
11. \$ 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 inclinated on this report is true and accurate and that my signature shall have the same local offert as if made under eath, that he are associated as the same local offert as if made under eath, that he are associated as the same local offert as if made under eath, that he are associated as the same local offert as if made under eath, that he are associated as the same local offert as if made under eath, that he are associated as the same local offert as if made under eath, that he are associated as the same local offert as if made under eath that he are associated as the same local offert as if made under eath that the information is								
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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: JOHN SON SIGNATURE AND TYPED TO PRINTED TAME OF SIGNAGE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE OBJECT OD DO DOUGH PROPER DO DO DOUGH PROPER DO DO DO DOUGH PROPER DO DO DOUGH PROPER DO DO DOUGH PROPER DO								
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE								