

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028178

1. Entity Name  
INTROSPECT ENTERTAINMENT GROUP L.L.C.



Principal Place of Business  
2705 PEARL CT  
KISSIMMEE, FL 34743 US

Mailing Address  
2705 PEARL CT  
KISSIMMEE, FL 34743 US

2. Principal Place of Business - No P.O. Box #

1015 S. HIWASSEE RD

Suite, Apt. #, etc.

\* 3523

City & State

ORLANDO, FL

Zip  
32835

Country

ORANGE

3. Mailing Address

1015 S. HIWASSEE RD

Suite, Apt. #, etc.

\* 3523

City & State

ORLANDO, FL

Zip

32835

Country

ORANGE

09122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHENCK, LA VICTOR  
2705 PEARL CT  
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name  
LA VICTOR SCHENCK

Street Address (P.O. Box Number is Not Acceptable)

1015 S. HIWASSEE RD \* 3523

City  
ORLANDO

FL

Zip Code  
32835

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

*La Victor Schenck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-12-07

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHENCK, LA VICTOR  
2705 PEARL CT  
KISSIMMEE, FL 34743 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LA VICTOR SCHENCK  
1015 S. HIWASSEE RD 3523  
ORLANDO, FL 32835 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000109765460  
09/21/07--01044--012 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*La Victor Schenck*

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

9-12-07

Date

Daytime Phone #