


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90023 039 ***138.75

DOCUMENT # L06000034613

1. Entity Name
SCENE 41, LLC



Principal Place of Business
**333 SOUTH TAMiami TRAIL
 SUITE 101
 VENICE, FL 34285**

Mailing Address
**333 SOUTH TAMiami TRAIL
 SUITE 101
 VENICE, FL 34285**

60038362



2. Principal Place of Business - No P.O. Box #
333 South Tamiami Trail

3. Mailing Address
333 South Tamiami Trail

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Venice, FL

City & State
Venice, FL

Zip Country
34285 US

Zip Country
34285 US

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4651360

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W
 333 SOUTH TAMiami TRAIL
 SUITE 101
 VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
333 South Tamiami Trail, Suite 203

City State Zip Code
Venice FL 34285

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 **5/1/08**

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

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  DATE **5/1/08** DAYTIME PHONE # **941 441 1651**

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