## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044551

19076 PINE RUN LANE

FT. MYERS, FL 33912 US

Address:

City-St-Zip:

Entity Name: OLD OAKS ENTERTAINMENT OF LABELLE, LLC

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 590 CAPTAIN HENDRY DR. LABELLE, FL 33935 **Current Mailing Address: New Mailing Address:** 590 CAPTAIN HENDRY DR. LABELLE, FL 33935 FEI Number: 20-4916388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANLEY-LYNN, KATHLEEN C 590 CAPTAIN HÉNDRY DR. LABELLE, FL 33935 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STANLEY-LYNN, KATHLEEN C Name: Name: Address: 590 CAPTAIN HENDRY DR. Address: City-St-Zip: LABELLE, FL 33935 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LYNN, RICHARD J Name: Address: 590 CAPTAIN HENDRY DR. Address: City-St-Zip: LABELLE, FL 33935 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition BUDREAU, STEVEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: K.C. STANLEY-LYNN MGRM 04/23/2009