

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044551

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** OLD OAKS ENTERTAINMENT OF LABELLE, LLC

**Current Principal Place of Business:**

590 CAPTAIN HENDRY DR.  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

590 CAPTAIN HENDRY DR.  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 20-4916388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANLEY-LYNN, KATHLEEN C  
590 CAPTAIN HENDRY DR.  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: STANLEY-LYNN, KATHLEEN C  
Address: 590 CAPTAIN HENDRY DR.  
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM  
Name: LYNN, RICHARD J  
Address: 590 CAPTAIN HENDRY DR.  
City-St-Zip: LABELLE, FL 33935 US

Title: MGMR  
Name: BUDREAU, STEVEN  
Address: 19076 PINE RUN LANE  
City-St-Zip: FT. MYERS, FL 33912

I hereby 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.

SIGNATURE: KC STANLEY-LYNN

MGMR

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date