

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055695

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: STAGE THIS HOUSE, LLC

## Current Principal Place of Business:

1115 ANOLAS WAY  
LUTZ, FL 33548

## New Principal Place of Business:

170 N. SPRING BLVD.  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

1115 ANOLAS WAY  
LUTZ, FL 33548

## New Mailing Address:

170 N. SPRING BLVD.  
TARPON SPRINGS, FL 34689

FEI Number: 30-0421017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHANNON, AMANDA  
1115 ANOLAS WAY  
LUTZ, FL 33548      US

## Name and Address of New Registered Agent:

SHANNON, AMANDA  
170 N. SPRING BLVD.  
TARPON SPRINGS, FL 34689      US

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: \_\_\_\_\_

07/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: SHANNON, AMANDA  
Address: 1115 ANOLAS WAY  
City-St-Zip: LUTZ, FL 33548

Title: MGRM      ( ) Delete  
Name: LEVINE, KAREN  
Address: 4807 JUNPER DR  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: SHANNON, AMANDA  
Address: 170 N. SPRING BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title:      ( ) Change      ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: AMANDA SHANNON

MGRM

07/22/2008

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