

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000092486

**FILED**  
**Dec 26, 2009**  
**Secretary of State****Entity Name:** SUNCOAST DANCE THEATRE, LLC**Current Principal Place of Business:**16541 POINT VILLAGE DR. #203  
LUTZ, FL 33558**New Principal Place of Business:****Current Mailing Address:**16541 POINT VILLAGE DR. #203  
LUTZ, FL 33558**New Mailing Address:****FEI Number:** 26-1090648**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ENYART, THERESA  
3444 FOXWOOD BLVD  
ZEPHYRHILLS, FL 33545 US**Name and Address of New Registered Agent:**ENYART, STACEY  
3444 FOXWOOD BLVD  
ZEPHYRHILLS, FL 33545 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: STACEY ENYART

12/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MRGM ( ) Delete  
**Name:** ENYART, THERESA  
**Address:** 3444 FOXWOOD BLVD  
**City-St-Zip:** ZEPHYRHILLS, FL 33545**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** MRGM (X) Change ( ) Addition  
**Name:** ENYART, STACEY  
**Address:** 3444 FOXWOOD BLVD  
**City-St-Zip:** ZEPHYRHILLS, FL 33545**Title:** MGRM ( ) Change (X) Addition  
**Name:** ENYART, THERESA  
**Address:** 3444 FOXWOOD BLVD  
**City-St-Zip:** ZEPHYRHILLS, FL 33545

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: STACEY ENYART

MGRM

12/26/2009

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