

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120308

FILED
Jan 28, 2009
Secretary of State

Entity Name: CLUB DANCE CRYSTAL BALLROOM LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3700 INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

3700 INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARONE, KEVIN
971 NW FRESCO WAY
APT 208
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

MARONE, KEVIN
3700 INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 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: KEVIN MARONE

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARONE, KEVIN
Address: 971 NW FRESCO WAY APT 208
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERGERON, MARC MGMR
Address: 3700 INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGR () Change (X) Addition
Name: MARONE, KEVIN MGR
Address: 3700 INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 US

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: MARC BERGERON

MGRM

01/28/2009

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