

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008883

**FILED**  
**May 10, 2009**  
**Secretary of State**

**Entity Name:** AZTRAL PLANE ENTERTAINMENT LLC

**Current Principal Place of Business:**

4334 ARISTOCRAT POINT  
OVIEDO, FL 32765

**New Principal Place of Business:**

2052 HAWKS LANDING DRIVE  
ORLANDO, FL 32820

**Current Mailing Address:**

4334 ARISTOCRAT POINT  
OVIEDO, FL 32765

**New Mailing Address:**

2052 HAWKS LANDING DRIVE  
ORLANDO, FL 32820

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

HOPKINS, JASON  
4334 ARISTOCRAT POINT  
OVIEDO, FL 32765 US

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

HOPKINS, JASON  
2052 HAWKS LANDING DRIVE  
ORLANDO, FL 32820 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:

05/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOPKINS, JASON  
Address: 4334 ARISTOCRAT POINT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOPKINS, JASON  
Address: 2052 HAWKS LANDING DRIVE  
City-St-Zip: ORLANDO, FL 32820

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: JASON HOPKINS

MGR

05/10/2009

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