

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010040

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CARIBBEAN CHILLERS ENTERTAINMENT, LLC

**Current Principal Place of Business:**

35445 ESTES RD  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 427  
EUSTIS, FL 32727

**New Mailing Address:**

**FEI Number:** 26-1816776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STRONG, JAMES W  
35445 ESTES RD  
EUSTIS, FL 32736 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 ( ) Delete  
Name: STONG, JAMES W  
Address: P.O. BOX 427  
City-St-Zip: EUSTIS, FL 32727

Title: MGRM ( ) Delete  
Name: STONG, JAMES P  
Address: P.O. BOX 427  
City-St-Zip: EUSTIS, FL 32727

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRONG, JAMES W  
Address: P.O. BOX 427  
City-St-Zip: EUSTIS, FL 32727

Title: MRGM (X) Change ( ) Addition  
Name: STRONG, JAMES P  
Address: P.O. BOX 427  
City-St-Zip: EUSTIS, FL 32727

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: JAMES W. STRONG

MGRM

04/29/2009

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