

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062406

FILED
Feb 17, 2009
Secretary of State

Entity Name: LIVE LIFE ENTERTAINMENT LLC

Current Principal Place of Business:

561 NE WAVECREST WAY
BOCA RATON, FL 33432 PB

New Principal Place of Business:

Current Mailing Address:

561 NE WAVECREST WAY
BOCA RATON, FL 33432 PB

New Mailing Address:

FEI Number: 35-2340904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINK, JASON H
561 NE WAVECREST WAY
BOCA RATON, FL 33432 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: MINK, JASON H
Address: 561 NE WAVECREST WAY
City-St-Zip: BOCA RATON, FL 33432 PB

Title: MGR (X) Delete
Name: MOORE, RONI R
Address: 561 NE WAVECREST WAY
City-St-Zip: BOCA RATON, FL 33432 PB

Title: MGR () Delete
Name: ANDREWS, HAROLD O
Address: 10222 PINE DR
City-St-Zip: BOYNTON BEACH, FL 33437 PB

Title: MGR () Delete
Name: CINQUE, SANDRA M
Address: 9507 LAKE SERENA DR
City-St-Zip: BOCA RATON, FL 33496 PB

ADDITIONS/CHANGES:

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

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

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

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: JASON MINK

MGRM

02/17/2009

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