

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017528

Entity Name: FANZY PRODUCTS LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

11828 BAYFIELD DRIVE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

PO BOX 811481
BOCA RATON, FL 334811481

New Mailing Address:

FEI Number: 20-1068323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASKOT, RUSSELL A
11828 BAYFIELD DRIVE
BOCA RATON, FL 33498 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/MEMBERS:

Title: MGRM () Delete
Name: JASKOT, ROGER D
Address: 6009 WILMINGTON DR.
City-St-Zip: BURKE, VA 22015

Title: MGRM () Delete
Name: JASKOT, RANDALL L
Address: 542 W 34190 HIDDENVALLEY
City-St-Zip: DOUSMAN, WI 53118

Title: MGRM () Delete
Name: JASKOT, RUSSELL A
Address: 11828 BAYFIELD DRIVE
City-St-Zip: BOCA RATON, FL 33498

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUSSELL A JASKOT

CMO

04/30/2005

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