

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081681

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: SUNSHINE GAMES & INFLATABLES, LLC

**Current Principal Place of Business:**

11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569

**New Mailing Address:**

FEI Number: 02-0748003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, JAMES M  
11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569 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: JONES, JAMES M  
Address: 11303 LOUISA MAY WAY  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM ( ) Delete  
Name: PAUL, HENRY S  
Address: 6348 RAVENWOOD WAY  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM ( ) Delete  
Name: WROBLEWSKI, MARK A  
Address: 3470 LAKE PADGET DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

**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 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 M. JONES

MGRM

01/17/2009

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