

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087132

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRICKY TOYS, LLC

Current Principal Place of Business:

846 SW 118 TERRACE
DAVIE, FL 33325

New Principal Place of Business:

999 BRICKELL BAY DRIVE
#806
MIAMI, FL 33131

Current Mailing Address:

846 SW 118 TERRACE
DAVIE, FL 33325

New Mailing Address:

999 BRICKELL BAY DRIVE
#806
MIAMI, FL 33131

FEI Number: 26-0777416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARASINO, ALEJANDRO
846 SW 118 TERRACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

SARASINO, ALEJANDRO
999 BRICKELL BAY DRIVE
#806
MIAMI, FL 33131 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: ALEJANDRO SARASINO

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SARASINO, ALEJANDRO
Address: 846 SW 118 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: MGR () Delete
Name: FERRINI, ZEUS
Address: 846 SW 118 TERRACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARASINO, ALEJANDRO
Address: 999 BRICKELL BAY DRIVE #806
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: FERRINI, ZEUS
Address: 999 BRICKELL BAY DRIVE #806
City-St-Zip: MIAMI, FL 33131

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: ALEJANDRO SARASINO

MGR

03/24/2009

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