

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099871

FILED
Aug 12, 2009
Secretary of State

Entity Name: BOUNCE-A-ROO PARTY RENTALS,LLC

Current Principal Place of Business:

445 STATE ROAD 13N
#26 PMB 384
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

445 STATE ROAD 13N
#26 PMB 384
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 26-1163421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLAM, MICHAEL H
3270 RICKY DR.
#202
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

KELLAM, MICHAEL H
8909 WINROCK DR. N
JACKSONVILLE, FL 32216 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: MICHAEL KELLAM

08/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLAM, HEATHER M
Address: 3270 RICKY DR. #202
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELLAM, MICHAEL H
Address: 8909 WINROCK DR. N
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Change (X) Addition
Name: KELLAM, HEATHER M
Address: 8909 WINROCK DR. N
City-St-Zip: JACKSONVILLE, FL 32216

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: MICHAEL KELLAM

MGR

08/12/2009

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