


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90356 002 ****50.00

DOCUMENT # L00000003306 1. Entity Name FLORIDA CONFETTI, LLC		
Principal Place of Business 533 B TORTOISE VIEW DRIVE SATELLITE BEACH FL 32937		Mailing Address 533 B TORTOISE VIEW DRIVE SATELLITE BEACH FL 32937
2. Principal Place of Business <i>Same</i>	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



MOORE CR2E083 (11/03)

City & State		City & State		4. FEI Number 59-3639475	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOMMERS, PIERRE A 2351 W. EAU GALLIE BLVD., SUITE 1 MELBOURNE FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PENNINGTON, PAULA			NAME			
STREET ADDRESS	630 TORTOISE WAY			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32927			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PENNINGTON, JOHN			NAME			
STREET ADDRESS	630 TORTOISE WAY			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32927			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNETT, WILLIAM M			NAME			
STREET ADDRESS	630 TORTOISE WAY			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32927			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paula C. Pennington* **Paula C. Pennington-Director** 1/22/04 321/777-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #