## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003306

1. Entity Name FLORIDA CONFETTI, LLC



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

533 B TORTOISE VIEW DRIVE SATELLITE BEACH, FL 32937

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01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3639475

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8.	<ol> <li>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.</li> </ol>	l am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, PAULA 630 TORTOISE WAY SATELLITE BEACH, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, JOHN 630 TORTOISE WAY SATELLITE BEACH, FL 32927	
TIYLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, WILLIAM M 630 TORTOISE WAY SATELLITE BEACH, FL 32927	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

envinator Director

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