


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 012 ****50.00

DOCUMENT # L00000003306

1. Entity Name
FLORIDA CONFETTI, LLC



Principal Place of Business *355 B*
553 B TORTOISE VIEW DRIVE
SATELLITE BEACH, FL 32937

Mailing Address *355 B*
533 B TORTOISE VIEW DRIVE
SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

00004189



07022007 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. 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 reconstituting)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PENNINGTON, PAULA
STREET ADDRESS	630 TORTOISE WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32927
TITLE	MGRM
NAME	PENNINGTON, JOHN
STREET ADDRESS	630 TORTOISE WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32927
TITLE	MGRM
NAME	BENNETT, WILLIAM M
STREET ADDRESS	630 TORTOISE WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Paula C. Pennington* Paula C. Pennington 8.2.07 321.777-7105

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