


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L0000003306
 1. Entity Name
FLORIDA CONFETTI, LLC



Principal Place of Business 355 B TORTOISE VIEW DRIVE SATELLITE BEACH, FL 32937	Mailing Address 355 B TORTOISE VIEW DRIVE SATELLITE BEACH, FL 32937
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02162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3639475	Applied For Not Applicable
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

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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)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

DATE: 04/10/08-80096-003 138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, WILLIAM M 630 TORTOISE WAY SATELLITE BEACH, FL 32927
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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* 3.26.08

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