


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L00000003306</b>		
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	



02162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

00000003306  
04/10/08-80096-003 138.75

**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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #