

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # L00000008540

1. Entity Name  
FUN SPOT RENTALS, LLC



Principal Place of Business  
2205 EAST TAMAM TRAIL  
NAPLES, FL 34112

Mailing Address  
123 E. FRONT ST.  
P.O. BOX 189  
TRAVERSE CITY, MI 49685



04202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0072411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOSTRZEWA, JOSEPH G  
2205 TAMAMI TRAIL E  
NAPLES, FL 34112

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000329953  
04/25/05-80144-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	F.C. MANAGEMENT CORPORATION
STREET ADDRESS	123 E. FRONT ST.
CITY- ST- ZIP	TRAVERSE CITY, MI 49684
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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

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

JOSEPH G. KOSTRZEWA, CHAIRMAN

F.C. MGT. CORP.

Date

4/20/04 (231) 929-4466

Daytime Phone #