

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014790

Entity Name: UNLIMITED JOYS, LLC

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

335 TAYLOR ROAD  
TURTLETOWN, TN 37391

**New Principal Place of Business:**

**Current Mailing Address:**

335 TAYLOR ROAD  
TURTLETOWN, TN 37391

**New Mailing Address:**

FEI Number: 65-1056144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENZNER, MARGARET  
136 WELLWOOD LANE  
PALM COAST, FL 31264 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCDANIEL, TERRY  
Address: 335 TAYLOR ROAD  
City-St-Zip: TURTLETOWN, TN 37391

Title: MGR ( ) Delete  
Name: MCDANIEL, NANCY  
Address: 335 TAYLOR ROAD  
City-St-Zip: TURTLETOWN, TN 37391

Title: MGR ( ) Delete  
Name: BLESSINGS UNLIMITED, TRUST  
Address: 29654 CONSTITUTION AVE.  
City-St-Zip: BIG PINE KEY, FL 33043

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY MCDANIEL

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date