2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009791

1. Entity Name
PARTY CITY OF FORT WALTON BEACH, L.L.C.

Principal Place of Business	Mailing Address
99 EGLIN PKWY UNIT 4 OKALOOSA, FL 35248	3636 S. I-10 SERVICE RD STE 205 METAIRIE, LA 70001

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
63-1277819
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNEEL, GLENDA
99 EGLIN PARKWAY NE
UNIT #4
FORT WALTON BEACH, FL 32548

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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 _____ 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 September 8, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	RUBENSTEIN, STANLEY
STREET ADDRESS	956 MONTELAIR RD #114
CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	PD
NAME	ANDERSON, BILL
STREET ADDRESS	3636 S. I-10 SERVICE RD STE 205
CITY-ST-ZIP	METAIRIE, LA 70001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: J Cannon, CFO, 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #