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Secretary of State
04-19-2007 90034 011 ****50.00

4/19/20

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009791

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

30011263

Principal Place of Business	Mailing Address
99 EGLIN PKWY UNIT 4 OKALOOSA, FL 32548	3636 S. I-10 SERVICE RD STE 205 METAIRIE, LA 70001

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

02/12/2007 Chg-LLC CR2E043 (12/06)

4. FEI Number
63-1277919

Applied For ☐ Not Applicable ☐

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MICHEEL, GLENDA
99 EGLIN PARKWAY NE
UNIT 84
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGN HERE

SIGNATURE: C Plezer, CFO, 4/2/07 Stanley Rubenstein Manager 5-1-07

Filing Fee is $550.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBENSTEIN, STANLEY 2300 MONTCLAIR RD, SUITE 300 BIRMINGHAM, AL 35213 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, BILL 3636 S. I-10 SERVICE RD STE 205 METAIRIE, LA 70001 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO VICTOR KAWAJIRI 3030 S. I-10 SERVICE RD, #205 METAIRIE, LA 70001 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: Stanley Rubenstein Manager 5-1-07

MOST IMPORTANT SIGNATURE LINE