


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90009 049 \*\*\*138.75

DOCUMENT # LQ1000009791	
1. Entity Name PARTY CITY OF FORT WALTON BEACH, L.L.C.	

Principal Place of Business 99 EGLIN PKWY UNIT 4 OKALOOSA, FL 35248	Mailing Address <del>3636 S. I-10 SERVICE RD.</del> <del>STE 205</del> METAIRIE, LA 70001
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	<u>CHANGE OF ADDRESS</u> 520.ELMWOOD PARK BLVD SUITE 110 HARAHAN, LA 70123
City & State	
Zip	Country



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 63-1277819	Applied For Not Applicable
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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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBENSTEIN, STANLEY 3900 MONTCLAIR RD, SUITE 300 BIRMINGHAM, AL 35213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KENNISON, VICTOR 3636 S I-10 SERVICE RD STE 205 METAIRIE, LA 70001 <input type="checkbox"/> Delete	TITLE NAME STREET A CITY-ST-	<u>CHANGE OF ADDRESS</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	520.ELMWOOD PARK BLVD SUITE 110 HARAHAN, LA 70123 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: PCanner, CFO, 2/8/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #