

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010385

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE IMAGINATION HOUSE, L.L.C.

Current Principal Place of Business:

6626 KINGSPONTE PKWY
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

1517 E HILLCREST ST
ORLANDO, FL 32803

New Mailing Address:

6626 KINGSPONTE PKWY
ORLANDO, FL 32819

FEI Number: 59-3728355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLEY & COMPANY, P.L.
1517 E. HILLCREST ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

BARR, JONATHAN I MGR
6636 KINGSPONTE PARKWAY
ORLANDO, FL 32819 US

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: JONATHAN BARR

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARR, JONATHAN I
Address: 6626 KINGSPONTE PKY
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: AVILA, JOYCE A
Address: 3224 PARKWOOD CIRCLE
City-St-Zip: KISSIMEE, FL 34744

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: AVILA, JOYCE A
Address: 6626 KINGSPONTE PARKWAY
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN BARR

MGR

04/27/2009

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