## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000020388**

1. Entity Name
TOP NOTCH TOYS, L.C.



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

720 NORTH FLAGLER DR FORT LAUDERDALE, FL 33304 720 NORTH FLAGLER DR FORT LAUDERDALE, FL 33304

|--|

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 80-0031239

Applied For Not Applicable

6. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUENCH, KEVIN 316 ISLE OF PALMS DR. FT. LAUDERDALE, FL 33301

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| <ol><li>The above named entity submits this statement for the purpose of changi<br/>the obligations of registered agent.</li></ol> | ng its registered office or registered agent, or bo           | th, in the State of Florida. I am familiar with, and accept |
|--|---|---|
| The selligation of registrote agoni.   |   |   |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.   | (NOTE: Registered Agent signature regulated when reinstating) | DATE  |

FILE NOW!!!\*.FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000892994 04/23/08-80086-011 138.75

| 9.             | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------|
| TITLE          | MGR                       |
| NAME           | MUENCH, KEVIN             |
| STREET ADDRESS | 316 ISLE OF PALMS DR.     |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33301  |
| πιε            | MGR                       |
| NAME           | MUENCH, MAY-FRANCE        |
| STREET ADDRESS | 316 ISLE OF PALMS DR.     |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33301  |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-7IP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
|                |                           |

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11. I hereby certify that the information supplied with this filling 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 ceth; 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: Ken N worth KEVIN

MUENCH

14-08-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #