## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000005973** 

1. Entity Name

FLORIDA KEYS TOYS LLC

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

HIGHLAND PARK PLACE 18TH FLOOR 4514 COLE AVE. DALLAS, TX 75205-4185

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CR2E083 (11/05)

4. FEI Number 46-0476135

01102007 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J ESQ. 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2007	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE  Filling Fee is \$50.00  Due by May 1, 2007	and accep
Filing Fee is \$50.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	
NAME BRANSON, FRANK	
STREET ADDRESS 4514 COLE AVE #1800 HIGLAND PARK PL	
CITY-SI-ZIP DALLAS, TX 75205	
TITLE MGRM	
NAME BRANSON, DEBBIE HOUSEPERCET 22	
STREET ADDRESS 4514 COLE AVE #1800 HIGHLAND PARK PL U00000596123  CHY-ST-2P DALLAS, TX 75205 01/23/07-80067-004 5	יר מים
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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: AUGUA . BULLA . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1.10.07

914.522.0200

Daytime Phone #