2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L02000006562

Entity Name: BOUNCE HOUSE MOONWALK AND PARTY RENTAL LLC

Current Principal Place of Business:

13513 KITTY FORD RD.
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13513 KITTY FORD RD.
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 13-4306655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINCOLN, DAWN-MARIE
13513 KITTY FORD RD.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LINCOLN, DAWN-MARIE
Address: 13513 KITTY FORD RD.
City-St-Zip: ORLANDO, FL 32828

Title: MGR ( ) Delete
Name: LINCOLN, MARIE
Address: 14115 BENT TREE CT
City-St-Zip: ORLANDO, FL 32826

Title: MGR ( ) Delete
Name: LINCOLN, ROBERT
Address: 14115 BENT TREE CT
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LINCOLN, DAWN-MARIE
Address: 13513 KITTY FORD RD.
City-St-Zip: ORLANDO, FL 32828

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

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

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: DAWN-MARIE LINCOLN MGR 04/15/2009

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