

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020794

FILED  
May 02, 2007  
Secretary of State

Entity Name: PARTY STUFF AND MORE, LLC

**Current Principal Place of Business:**

7001 NW 51 ST  
UNIT #101  
MIAMI, FL 33166

**New Principal Place of Business:**

7001 NW 51 ST  
UNIT 101  
MIAMI, FL 33166

**Current Mailing Address:**

6100 BLUE LAGOON DRIVE  
STE 260  
MIAMI, FL 33126

**New Mailing Address:**

7001 NW 51 ST  
UNIT 101  
MIAMI, FL 33126

FEI Number: 54-2067813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOHATCH, JOHN S ESQUIRE  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FL 33134    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: M.D.P., L.L.C.,  
Address: 6100 BLUE LAGOON DRIVE, STE 260  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: M.D.P., L.L.C.,  
Address: 7001 NW 51 ST  
City-St-Zip: MIAMI, FL 33166

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: MARIA DOLORES PERERA

MGRM

05/02/2007

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