

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90211 016 \*\*\*\*55.00

DOCUMENT # L02000023950

1. Entity Name  
WINTER PARK ARCADE ACQUISITION, LLC



Principal Place of Business  
9 BARRACUDA LANE  
KEY LARGO, FL 33037

Mailing Address  
9 BARRACUDA LANE  
KEY LARGO, FL 33037

2. Principal Place of Business  
1551 VIA TUSCANY  
Suite, Apt. #, etc.

3. Mailing Address  
1551 VIA TUSCANY  
Suite, Apt. #, etc.



02102006 Chg-LLC CR2E083 (11/05)

City & State  
WINTER PARK FL  
Zip 32789 Country

City & State  
WINTER PARK FL  
Zip 32789 Country

4. FEI Number  
55-0797867  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BRYAN, SUSAN G  
9 BARRACUDA LANE  
KEY LARGO, FL 33037

## 7. Name and Address of New Registered Agent

Name JILL M JENKINS  
Street Address (P.O. Box Number is Not Acceptable)  
1551 VIA TUSCANY  
City WINTER PARK FL Zip 32789

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, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/06

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HILMER, WAYNE J  
STREET ADDRESS 1551 VIA TUSCANY  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE MGR  
NAME RABBITT, STEPHEN C  
STREET ADDRESS 1241 CHERRY TREE LANE  
CITY-ST-ZIP ANAPOLIS, MD 21403 ☐ Delete

TITLE MGR  
NAME JENKINS, JILL M  
STREET ADDRESS 31 OCEAN REEF DR STE A-201  
CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1551 VIA TUSCANY  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

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

4/4/06 305-367-9399  
Date Daytime Phone #