2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # L0300009081 1. Entity Name PARTY FANATICS, L.L.C.						Secretary of State 04-29-2004 90068 007 ****50.00				
Principal Place of Business 421 WATERWAY LANE FORT WALTON BEACH, FL 32547 US Mailing Address 421 WATERWAY LANE FORT WALTON BEACH, FL 32547										
·	lace of Business	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.				04262004	Chg-LLC	CR2E	083 (10/03)	- ·
City & State Zip Country		City & State	Zip Country			4. FEI Numbe 56-	133667	1	No	oplied For ot Applicable
	Country B. Name and Address of Current	<u> </u>	Count				of Status Desired Address of New	Registered	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent JEUNELOT, CHERYL R					,	7. Maine and	Addissa of Hem.	redigrener	<u> Адонг</u>	
421 WATE	RWAY LANE LTON BEACH, FL 32547		ļ	Street Ad	ddress (P	O. Box Number	r is Not Acceptab	le)		
			}	City	 -	<u></u>		FL	Zip Code	e
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) DATE										
Filing Fee is \$50.00 Due by May 1, 2004									payable to nent of State	B
9.	MANAGING MEMBI		10.		· · · · ·	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGE		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	MG K Cher 421 Fort	y 1 h. Jei Water	undot way ha Beach	ne FL	□ Change 32.54	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- □ Delete ·		ı					☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·							☐ Change	Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			,		☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										