


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90185 017 \*\*\*\*50.00

<b>DOCUMENT # L03000013657</b>	
1. Entity Name <b>LET'S PLAY EVENTS LLC</b>	

Principal Place of Business <b>1844 NOB HILL RD., STE. 240 PLANTATION, FL 33322</b>	Mailing Address <b>1844 NOB HILL RD., STE. 240 PLANTATION, FL 33322</b>
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2. Principal Place of Business <b>121 S.W. Palm Drive Suite, Apt. #, etc. #201 City &amp; State Port St. Lucie, FL Zip 34986 Country U.S.A.</b>	3. Mailing Address <b>121 S.W. Palm Drive Suite, Apt. #, etc. #201 City &amp; State Port St. Lucie, FL Zip 34986 Country U.S.A.</b>
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04122004 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>11-3686327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SCUBLA, SHARON L 1844 NOB HILL RD., STE. 240 PLANTATION, FL 33322</b>	
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7. Name and Address of New Registered Agent Name <b>Sharon L Scubla</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 S.W. Palm Drive #201 City Port St. Lucie FL Zip Code 34986</b>	
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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 <b>Sharon Scubla</b> DATE <b>4-13-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. SIGNATURE <b>Sharon Scubla</b> DATE <b>4-13-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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