

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024597

Entity Name: FUNHOUSE DEPOT LLC

FILED
Aug 29, 2004
Secretary of State

Current Principal Place of Business:

6542 HYPOLUXO ROAD #158
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6542 HYPOLUXO ROAD #158
LAKE WORTH, FL 33467

New Mailing Address:

6049 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463

FEI Number: 41-2103159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGGS, DOUGLAS
6049 INDIAN FOREST CIRCLE
LAKE WORTH, FL 33463 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BIGGS, DOUGLAS A
Address: 6049 INDIAN FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR () Change (X) Addition
Name: BIGGS, MICHELLE M
Address: 6049 INDIAN FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM () Change (X) Addition
Name: GREGORY, BRIAN
Address: 11 EVERGREEN AVE
City-St-Zip: BLOOMFIELD, NJ 07003

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS BIGGS

MGR

08/29/2004

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