

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041141

FILED
Mar 24, 2006
Secretary of State

Entity Name: SUPER FANTASTIC, L.L.C.

Current Principal Place of Business:

5130 S. DALE MABRY, SUITE 105
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5130 S. DALE MABRY, SUITE 105
TAMPA, FL 33611

New Mailing Address:

FEI Number: 74-3105748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, CHRISTOPHER
5130 S. DALE MABRY, SUITE 105
TAMPA, FL 33611 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: LOWREY, DAVID
Address: 5130 S. DALE MABRY, SUITE 105
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: MERCER, CHRISTOPHER
Address: 5130 S. DALE MABRY, SUITE 105
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Delete
Name: BRYANT, JOEL
Address: 5130 S. DALE MABRY, SUITE 105
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DCR, L.L.C.,
Address: 5130 S. DALE MABRY, SUITE 105
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS MERCER

MGRM

03/24/2006

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