2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006052

1. Entity Name
BIG BOYS, BIG TOYS WAREHOUSE, LLC

14005583

04252005   Chg-LLC   CR2E083 (10/03)

Principal Place of Business	Mailing Address
2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606	2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number
20-0641571
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606	Name / Street / City — **Keith W Koehler** **Koehler & Company, P.A.** **502 North Armenia Avenue** **Tampa, FL 33609** Zip Code

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 _____   4/25/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LUM, JOHN		NAME			
STREET ADDRESS	2101 WEST PLATT STREET, SUITE 200		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GULUZIAN, ARAM		NAME			
STREET ADDRESS	2101 WEST PLATT STREET, SUITE 200		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP			
TITLE	MGR	☑ Delete	TITLE		☐ Change	☐ Addition
NAME	SILVA, ALBERT		NAME			
STREET ADDRESS	P.O. BOX 47357		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4/26/05   (813) 258-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #