

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018164

Entity Name: PLAYMAKER SERVICES, LLC

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

1743 FERN FOREST PLACE
DELRAY BEACH, FL 33445

New Principal Place of Business:

1855-2 DR ANDRES WAY
DELRAY BEACH, FL 33445

Current Mailing Address:

1743 FERN FOREST PLACE
DELRAY BEACH, FL 33445

New Mailing Address:

1855-2 DR ANDRES WAY
DELRAY BEACH, FL 33445

FEI Number: 80-0100580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEARIN, ROBERT L
20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498 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: MGR () Delete
Name: MAXWELL, BRILL
Address: 1743 FERN FOREST PLACE
City-St-Zip: DELRAY BEACH, FL 33445

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLAYMAKER SERVICES M, ANAGEMENT INC
Address: 1855-2 DR ANDRES WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Change (X) Addition
Name: WAY COOL PLAYGROUNDS, INC
Address: 1855-2 DR ANDRES WAY
City-St-Zip: DELRAY BEACH, FL 33445

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: PLAYMAKER SERVICES MANAGEMENT INC

MGRM

01/04/2005

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