

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018164

FILED
Jul 02, 2007
Secretary of State

Entity Name: PLAYMAKER SERVICES, LLC

Current Principal Place of Business:

1855-2 DR ANDRES WAY
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1855-2 DR ANDRES WAY
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 80-0100580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

SHEARIN, ROBERT L
800 EAST BROWARD BOULEVARD
SUITE 607
FORT LAUDERDALE, FL 33301 US

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: _____

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 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: JOEL BRILL MAXWELL

MGR

07/02/2007

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