2006 LIMITED LIABILITY COMPANY

,	ANNU	AL REPOR	T (AR)	r Alvi		FILED
DOCUMENT # L04000048934						Apr 10, 2006 08:00 AM Secretary of State
ANN'S PARTY ACCESSORIES, LLC						Secretary or state
Principal Plac	ce of Business	Mailing Ad	Mailing Address			
2603 AVE. G NW WINTER HAVEN FL 33880			2603 AVE. G NW WINTER HAVEN FL 33880			
2. Principal (Place of Business	3. Mailing A	Address			C NEGOLULU DIL CENA CONN CENIN CENIN CENIN ERINI ELIBBI (ENE PRIDE IIII) BIREPP 307 3995
Suite, Apt	. if, etc.	Aprile, Ap	Dune, Apt. #, etc.			1st MOORE CR2E083 (10/05)
City & Sta	de	City & Su	City & State			4. FEI Number 55-0875032 Applied Fo: Not Applie
Zip	Country	Zip	Ţ	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address	of Current Registered Ag	ent	Name		7. Name and Address of New Registered Agent
BRICE, ANN H 2603 AVE. G NW WINTER HAVEN FL 33880					Idress (P.	O. Box Number is Not Acceptable)
				City		FL Zip Code
8. The above the obligat	named entity submits this stions of registered agent.	statement for the purpose of	f changing its reg	stered office or re	registered	d agent, or both, in the State of Florida. I am familiar with, and accer
SIGNATURE	-an-	J Da	- se	u bel	M	TA 1716
	Signature, typed or punted name or a		FILE NOW neck Payable to	PRIORIDA Agent signature PRINTER IS \$50 PRIORIDA DEPA May 1, 2006	0.00	And the second second
9.	MANAGI	NG MEMBERS/MANAGER		10.	1	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS	MGR BRICE, ANN H 2603 AVENUE 6 NORTH		☐ Delele	THILE NAME STREET ADDRESS		☐ Change ☐ Add U00000500434
CITY-ST-ZIP	WINTER HAVEN FL 338			CITY-ST-ZIP		04/25/06-80022-002 50.00
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICE, EMORY A JR 2603 AVENUE 6 NORTH WINTER HAVEN FL 338	IWEST	_} Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add ^{or}
TITLE MAME STHEET AUDRESS CRY-ST-IN		[⊒ Oelete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A-bar
TITLE NAME SIRCET ADDRESS CITY-SI-ZIP		8	⊒ Delete	TITLE NAML STREET ADDRESS CITY-SI-ZIP		Change AAT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ę		TITLE NAME SIREEI ADDRESS CHY-ST-JP		☐ Change ☐ Again.
NAME NAME STREET ADDRESS CITY-ST-ZIP			I	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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: Com-71

4/1/06 293-0709