


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052376</b>	
1. Entity Name <b>A BOUNCING PARADISE, LLC</b>	

Principal Place of Business <b>6279 SW 15TH STREET MIAMI, FL 33144 US</b>	Mailing Address <b>6279 SW 15TH STREET MIAMI, FL 33144 US</b>
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**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1369677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**GONZALEZ, EFRAIN M  
6279 SW 15TH STREET  
MIAMI, FL 33144**

**DO NOT WRITE  
IN THIS SPACE**

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 *Efrain M. Gonzalez* (NOTE: Registered Agent signature required when reappointing) DATE **3-24-06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, EFRAIN M 6279 SW 15TH ST. MIAMI, FL 33144
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Efrain M. Gonzalez* **3-24-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #