

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054449

FILED
Jan 15, 2005
Secretary of State

Entity Name: PLAYMOR, LLC

Current Principal Place of Business:

3111 NW 58 TH BLVD
GAINESVILLE, FL 32606

New Principal Place of Business:

130 SOUTH SERENATA DRIVE
APT. # 221
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

3111 NW 58 TH BLVD
GAINESVILLE, FL 32606

New Mailing Address:

4508 SW 97TH TERRACE
GAINESVILLE, FL 32608

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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: MGRM () Delete
Name: FOUTS, DAVID W
Address: 3111 NW 58 TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: FOUTS, CAROLYN B
Address: 3111 NW 58 TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: REED, ALAN
Address: 4508 SW 97TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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: ALAN REED

MGRM

01/15/2005

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