

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068420

FILED
Jun 20, 2006
Secretary of State

Entity Name: FIREWORKS DISCOUNT WAREHOUSE, L.L.C.

Current Principal Place of Business:

3621 US HWY 19
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

10927 INGLEWOOD AVE
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 37-1502111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PRITCHARD, RANDY J
324 TAVERNIER DR
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

CARBONE, TINA M SECRITA
10927 INGLEWOOD AVE
PORT RICHEY, FL 34668 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: TINA CARBONE

06/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARBONE, ANGELO J
Address: 10927 INGLEWOOD AVE.
City-St-Zip: PORT RICHEY, FL 34668

Title: SMGR () Delete
Name: CARBONE, TINA M SECRATR
Address: 10927 INGLEWOOD AVE
City-St-Zip: PORT RICHEY, FL 34668 US

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 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: ANGELO CARBONE

MGRM

06/20/2006

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