

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000251

Entity Name: K&S INFLATABLE, LLC

FILED  
Jul 07, 2006  
Secretary of State

## Current Principal Place of Business:

114 HIGHLINE DRIVE  
SUITE A  
LONGWOOD, FL 32750

## New Principal Place of Business:

114 HIGHLINE DRIVE  
SUITE A  
LONGWOOD, FL 32750 US

## Current Mailing Address:

114 HIGHLINE DRIVE  
SUITE A  
LONGWOOD, FL 32750

## New Mailing Address:

114 HIGHLINE DRIVE  
SUITE A  
LONGWOOD, FL 32750 US

FEI Number: 43-2069809      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:

INTHACHACK, DOUANGCHAY  
3116 PIGEON COVE STREET  
DELTONA, FL 32738 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/MANAGERS:

Title: MGR ( ) Delete  
Name: LUANGLAJ, KHANH TI L  
Address: 363 PUTNAM LANE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: INTHACHACK, DOUANGCHAY  
Address: 114 HIGHLINE DRIVE  
City-St-Zip: LONGWOOD, FL 32750 US

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: DOUANGCHAY INTHACHACK

MGRM

07/07/2006

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