

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038230

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: FLORIDA PLAYSTRUCTURES, LLC

## Current Principal Place of Business:

13180 NORTH CLEVELAND AVE  
#118  
NORTH FORT MYERS, FL 33903 US

## Current Mailing Address:

13180 NORTH CLEVELAND AVE  
#118  
NORTH FORT MYERS, FL 33903 US

## New Principal Place of Business:

13180 NORTH CLEVELAND AVE  
#306  
NORTH FORT MYERS, FL 33903 US

## New Mailing Address:

13180 NORTH CLEVELAND AVE  
#306  
NORTH FORT MYERS, FL 33903 US

FEI Number: 42-1666297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

WEIDA, MICHAEL  
13180 NORTH CLEVELAND AVE.  
#118  
NORTH FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

WEIDA, MICHAEL  
13180 NORTH CLEVELAND AVE.  
#306  
NORTH FORT MYERS, FL 33903 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:

07/12/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEEVER, PHIL  
Address: 13180 NORTH CLEVELAND AVE. #118  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGR ( ) Delete  
Name: WEIDA, MICHAEL  
Address: 13180 NORTH CLEVELAND AVE. #118  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGR (X) Delete  
Name: LEONE, JOANN  
Address: 13180 NORTH CLEVELAND AVE. #118  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WEIDA, MICHAEL C  
Address: 13180 NORTH CLEVELAND AVE. #306  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGR (X) Change ( ) Addition  
Name: LEONE, JOANN M  
Address: 13180 NORTH CLEVELAND AVE. #306  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: MICHAEL C. WEIDA

MGR

07/12/2006

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