

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90034 020 ****50.00

DOCUMENT # L05000039916

1. Entity Name

FANTASYHEADQUARTERS.COM, LLC



Principal Place of Business

627-C EAST CHURCH STREET
ORLANDO FL 32801
US

Mailing Address

627-C EAST CHURCH STREET
ORLANDO FL 32801
US



2. Principal Place of Business

755 South Deming Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2242
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

30-0310998

Applied For

Not Applicable

Zip

32789

Country

U.S.A.

Zip

32790

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARRETT, STEPHEN G MR.
627-C EAST CHURCH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name "Same"

Street Address (P.O. Box Number is Not Acceptable)

755 South Deming Dr.

City Winter Park

FL

Zip Code 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

4/7/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME JARRETT, STEPHEN G MR.
STREET ADDRESS 627-C EAST CHURCH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR (same) ☒ Change ☐ Addition
NAME Jarrett, Stephen G Mr. (same)
STREET ADDRESS 755 South Deming Dr.
CITY-ST-ZIP Winter Park, FL 32789 (change)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/7/06 (407) 970-8910