


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90307 002 ****50.00

DOCUMENT # L05000057588	
1. Entity Name PARTY FUN RENTALS, LLC	

Principal Place of Business 2028 DELTONA BLVD. SPRING HILL FL 34606	Mailing Address 2028 DELTONA BLVD. SPRING HILL FL 34606
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 15324 LANCER RD. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Spring Hill FL	City & State Spring Hill FL
Zip 34610	Zip 34610
Country PA	Country PA

4. FEI Number 03-0563454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARSON, CINDY L 2028 DELTONA BLVD. SPRING HILL FL 34606

7. Name and Address of New Registered Agent Name CARSON CINDY L Street Address (P.O. Box Number is Not Acceptable) 15324 LANCER RD. City Spring Hill FL Zip Code 34610

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 reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARSON, CINDY L 2028 DELTONA BLVD. SPRING HILL FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BINDER, WILLIAM E JR. 15324 LANCER BLVD. SPRING HILL FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	3/15/07	727-364-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		