

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90204 018 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L05000057605</b>  |  |  |   |   |  |
| <b>1. Entity Name</b><br><b>GROUNDPLAY LLC</b>  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>4801 S. UNIVERSITY DRIVE, SUITE 3030<br>FT. LAUDERDALE, FL 33328  |  |  | <b>Mailing Address</b><br>4801 S. UNIVERSITY DRIVE, SUITE 3030<br>FT. LAUDERDALE, FL 33328  |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>                                |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                      |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>20-2997500                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   | <b>Applied For</b><br>Not Applicable                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RIVERO, MARY JO<br>1851 N.W. 125TH AVE., SUITE 319<br>PEMBROKE PINES, FL 33028  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |  |  |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature is required when reinstating)  |  |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | MGRM PRESS, STEVEN R <input type="checkbox"/> Delete<br>4801 S. UNIVERSITY DRIVE, SUITE 3030<br>FT. LAUDERDALE, FL 33328 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | MGRM CICHELLA, ANTHONY <input type="checkbox"/> Delete<br>14601 MARVIN LANE<br>SOUTHWEST RANCHES, FL 33330               |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | MGRM LAGUNA, ROBERT <input type="checkbox"/> Delete<br>4990 SOUTHWEST 119TH AVE.<br>COOPER CITY, FL 33330                |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 it 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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____   |  |  | 2/20/06 854-688-2227  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #  |   |  |



ATTACHMENT

36003032

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

GROUNDPLAY LLC  
4801 S. UNIVERSITY DRIVE, SUITE 3030  
FT. LAUDERDALE, FL 33328

Subject: GROUNDPLAY LLC

Reference Number: L05000057605

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION

A handwritten signature, possibly "Lore", enclosed in an oval.