

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90024 031 \*\*\*\*50.00

<b>DOCUMENT # L05000057683</b>					
<b>1. Entity Name</b> ROYAL CELEBRATION, LLC					
<b>Principal Place of Business</b> 703 COURT ST CLEARWATER, FL 33756 US			<b>Mailing Address</b> 703 COURT ST CLEARWATER, FL 33756 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-3386547	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JENNINGS, THOMAS C III 703 COURT ST CLEARWATER, FL 33756				<b>7. Name and Address of New Registered Agent</b> Name: <b>Brian M. Mark</b> Street Address (P.O. Box Number is Not Acceptable): 104 Church Street City: <b>Kissimmee</b> <b>FL</b> Zip Code: <b>34741</b>	
<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> SIGNATURE: <u>Brian M. Mark</u> <b>Brian M. Mark</b> DATE: <u>4-24-07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRILLICH, MARTIN 2055 BATES ST CLEARWATER, FL 33772		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Richard M. Washburn 5320 College Blvd. Overland Park, KS 66211	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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 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.</b>					
<b>SIGNATURE:</b> <u>Richard M. Washburn</u>			Date: <u>4/24/07</u>		Daytime Phone #: <u>913-451-0960</u>