


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90148 046 ****50.00

DOCUMENT # L05000057957	
1. Entity Name A BOUNCIN GOOD TIME MOONWALKS, LLC	

Principal Place of Business 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880	Mailing Address 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0545826	Applied For 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 SHEPPARD, JERRY D 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Jerry Sheppard* (NOTE: Registered Agent signature required when reinstating) DATE 2-5-06

Filing Fee Is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR A BOUNCIN GOOD TIME MOONWALKS, LLC <input checked="" type="checkbox"/> Delete 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPPARD, TONI A <input type="checkbox"/> Delete 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEPPARD, JERRY D <input type="checkbox"/> Delete 4228 SHADOW WOOD DRIVE WINTER HAVEN, FL 33880	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"/> Delete	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"/> Delete	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"/> Delete	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 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.

SIGNATURE: *Jerry Sheppard* Date 2-5-06 Daytime Phone # 863-207-2928