

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073471

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: FUN TIMES, LLC

**Current Principal Place of Business:**

2858 LONE PINE LANE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.B. 111365  
NAPLES, FL 34108 US

**New Mailing Address:**

FEI Number: 20-3191375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMB, JEFFREY R E.A.  
809 WALKERBUILT ROAD  
#5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELLA RAGIONE, ANGELO  
Address: 20 WESTBROOK AVENUE  
City-St-Zip: STATEN ISLAND, NY 10303 US

Title: MGRM ( ) Delete  
Name: MORAITIS, MARIA V  
Address: 14312 MELBOUNE  
City-St-Zip: LOCKPORT, IL 60441

Title: MGRM ( ) Delete  
Name: EYNARD, RAYMOND A  
Address: 2858 LONE PINE LANE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete  
Name: EYNARD, LINDA L  
Address: 2858 LONE PINE LANE  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND A. EYNARD

MGRM

03/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date