

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083243

FILED  
May 09, 2008  
Secretary of State

Entity Name: CLARK SARASOTA TOYZ, LLC

**Current Principal Place of Business:**

4001 CLARK ROAD  
SARASOTA, FL 34233

**New Principal Place of Business:**

4065 CLARK ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

4001 CLARK ROAD  
SARASOTA, FL 34233

**New Mailing Address:**

4065 CLARK ROAD  
SARASOTA, FL 34233

FEI Number: 56-2531169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TOONE, BRENT K  
4001 CLARK RD  
SARASOTA, FL 34233      US

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

PALMER, BRIAN  
2937 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 US

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: BRIAN PALMER

05/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: TOONE, BRENT K  
Address: 3809 PARKRIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: TOONE, BRENT K  
Address: 801 OAK BRIAR LANE  
City-St-Zip: OSPREY, FL 34229 US

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN PALMER

MGRM

05/09/2008

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