

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089958

Entity Name: HAPPY ENDINGS LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

9050 CLASSIC COURT  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

9050 CLASSIC COURT  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-3563707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAUNDERS, J.L.  
9050 CLASSIC COURT  
ORLANDO, FL 32819 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: SAUNDERS, J.L.  
Address: 9050 CLASSIC CT  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: MORRIS, TOM  
Address: 5305 ISLEWORTH C.C. DR.  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: COUDRIET, RAY  
Address: 5164 ISLEWORTH C.C. DR  
City-St-Zip: WINDERMERE, FL 34786

**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:

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: J L SAUNDERS

MR

04/28/2006

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