

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094024

FILED
Sep 04, 2006
Secretary of State

Entity Name: KOOL KIDSTUFF, LLC

Current Principal Place of Business:

P. O. BOX 350447
JACKSONVILLE, FL 32235 US

New Principal Place of Business:

620-125 COMMERCE CENTER DR
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P. O. BOX 350447
JACKSONVILLE, FL 32235 US

New Mailing Address:

620-125 COMMERCE CENTER DR
JACKSONVILLE, FL 32225 US

FEI Number: 06-1764795 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:

BRINSON, MIRIAM C
8235 PROVINCIAL CIRCLE NORTH
JACKSONVILLE, FL 32277 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: BRINSON, MIRIAM C
Address: 8235 PROVINCIAL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM () Delete
Name: BRINSON, GLENN D SR.
Address: 8235 PROVINCIAL CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32277 US

ADDITIONS/CHANGES:

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: GLENN BRINSON, SR.

MGRM

09/04/2006

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