


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90034 044 ****50.00

DOCUMENT # L05000102410	
1. Entity Name KIDS STUFF, LLC	

Principal Place of Business C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309	Mailing Address C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309
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60035757



2. Principal Place of Business - No P.O. Box # 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.A.	3. Mailing Address 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.A.
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04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5182838 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MALNIK, ALVIN I
6301 NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Jordan Zimmerman, MGRM** **4/10/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONE, LLC 494 8TH AVENUE, SUITE 1005 NEW YORK, NY 10001 <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	MGRM POKE, LLC 494 8TH AVENUE, SUITE 1005 NEW YORK, NY 10001 <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	MGRM S.LLC, LLC 6221 ISLAND WALK D BOCA RATON, FL 33496 <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	MGRM J.LLC 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.LLC 2200 W. Commercial Blvd; Suite 208B FL. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.LLC 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jordan Zimmerman, MGRM **4/10/07**