2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L06000013972

Entity Name: JUST FOR FUN, LLC

Current Principal Place of Business:

2271 MCGREGOR BLVD
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2271 MCGREGOR BLVD
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-4439116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRACO, CARL A
2271 MCGREGOR BLVD
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BRETT, JAY
9100 COLLEGE POINT COURT
FT MYERS, FL 33919 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: JAY BRETT 01/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: BARRACO, CARL A
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

Title: VP ( ) Change (X) Addition
Name: HOLMLUND, TOM R
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

Title: SEC ( ) Change (X) Addition
Name: VAN BUSKIRK, CHRISTOPHER
Address: 2271 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

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: CARL A. BARRACO P 01/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date