2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000029617

Entity Name: BALLOONS UNLIMITED, LLC

Current Principal Place of Business:

1730 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

4894 PORTAL DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

1730 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

4894 PORTAL DRIVE
TALLAHASSEE, FL 32303

FEI Number: 20-4533219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, DIANE M
1730 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

ROBERTS, DIANE M
4894 PORTAL DRIVE
TALLAHASSEE, FL 32303 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: DIANE M. ROBERTS 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: ROBERTS, DIANE M
Address: 1730 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGMR ( ) Delete
Name: ROBERTS, KELLY M
Address: 1730 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: ROBERTS, DIANE M
Address: 4894 PORTAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGMR (X) Change ( ) Addition
Name: ROBERTS, KELLY M
Address: 4894 PORTAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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: DIANE M. ROBERTS MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date