## 2007 LIMITED LIABILITY COMPANY

## Feb 28, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L06000037103 1. Entity Namo 02-28-2007 90152 028 \*\*\*\*50.00 PLAY POINTS & SKINS, LLC Mailing Address Principal Place of Business 1806 PINE STREET 1806 PINE STREET MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNTHORPE, C.H. Stroet Address (P.O. Box Number is Not Acceptable) 1806 PINE STREET MELBOURNE BEACH FL 32951 City 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, typed or printed rightle of redistered agent and hite it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete TITLE Change Addition NAMI GUNTHORPE, C.H. NAME STREET ADDRESS 1806 PINE STREET STREELADORESS CITY ST 7IP CHY SI-ZIE MELBOURNE BEACH FL 32951 Delete ☐ Change Addition иш NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST /IP H]U. ☐ Delete ☐ Change Addition in/unif NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CHY ST 7P HILL ☐ Defete HILE □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIE CHY ST ZIP THTLE ☐ Addition IIIU. ☐ Delete ☐ Change NAMI STREET ADDRESS STREET ADDRESS CHY S1-ZIP CITY ST-7IP ☐ Delete Addition IIII TITLE Change NAM STREET ADDRESS STREET ADDRESS CHY SI-7P CHY-SI-7IP

FILED

JRE: 1 N. SULLIAN C. H. GUNT HORNE 1/12/1007 (321) 725-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.