

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040324

Entity Name: TOY BARN, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

4350 OAKES ROAD, SUITE 512
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 OAKES ROAD, SUITE 512
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-4871297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ROSEN, JEROME
7880 N UNIVERSITY DRIVE
TAMARAC, FL 33321 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: JEROME ROSEN

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: LOEHR, RICHARD L
Address: 4350 OAKES ROAD #512
City-St-Zip: DAVIE, FL 33314

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

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CHRYSLER, ANGELA L
Address: 4350 OAKES ROAD #512
City-St-Zip: DAVIE, FL 33314

Title: VP () Change (X) Addition
Name: LOEHR, MARYLOU
Address: 4350 OAKES ROAD #512
City-St-Zip: DAVIE, FL 33314

Title: VP () Change (X) Addition
Name: BOOZER, CAROL
Address: 4350 OAKES ROAD #512
City-St-Zip: DAVIE, FL 33314

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: ANGELA CHRYSLER

P

03/26/2009

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