
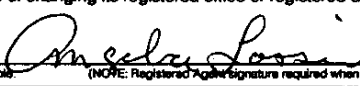
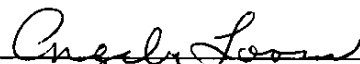


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90064 018 ***143.75

DOCUMENT # L06000068741					
1. Entity Name TOMMYZ TOYZ LLC					
Principal Place of Business 2384 RAVENNA BLVD., #102 NAPLES, FL 34109			Mailing Address 28475 GREENFIELD, SUITE 219 SOUTHFIELD, MI 48076		
2. Principal Place of Business - No P.O. Box # 8601 W Hillsborough		3. Mailing Address 28475 Greenfield Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #209			
City & State Tampa, FL		City & State Southfield, MI			
Zip 33615-3810	Country	Zip 48076	Country	4. FEI Number 20-5097644	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOSSIA, ANGELA 2384 RAVENNA BLVD., #102 NAPLES, FL 34109			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 <u>Angela Lossia</u> <small>Signature, typed or printed name of registered agent and file if applicable</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-22-2008 <small>DATE</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOSSIA, ANGELA 2384 RAVENNA BLVD., #102 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10311 Gator Bay CT Naples, FL 34120
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOSSIA, THOMAS 11856 MALLORY SQUARE TAMPA, FL 33635	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5437 Harborside Dr Tampa, FL 33615	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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: <u>Angela Lossia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		 <small>Date</small>		1-22-08 <small>Daytime Phone #</small>	