

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027131

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CHRISTMAS FANTASIES LLC

**Current Principal Place of Business:**

765 IMPERIAL LAKE ROAD  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 212848  
ROYAL PALM BEACH, FL 33421 US

**New Mailing Address:**

FEI Number: 20-8619229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA-INCORPORATIONS.NET INC  
3219 CORAL RIDGE DR.  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STRICKLAND, KEVIN  
Address: 765 IMPERIAL LAKE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGRM ( ) Delete  
Name: DOOLEY, ROBERT  
Address: 114 SAND PINE WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN STRICKLAND

MGRM

04/30/2009

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