

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041754

FILED
Jan 12, 2009
Secretary of State

Entity Name: FAMILY FUN INVESTMENTS, LLC

Current Principal Place of Business:

835 SWAYING PALM DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

835 SWAYING PALM DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 87-0800173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEOUGHER, DAVID M
331 PICKERING CT.
LONGWOOD, FL 32779 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: RENARD, MICHAEL
Address: 835 SWAYING PALM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: RENARD, CONNIE
Address: 835 SWAYING PALM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: WHALEN, BRIAN
Address: 2273 PARK VILLAGE PLACE
City-St-Zip: APOPKA, FL

Title: MGR () Delete
Name: WHALEN, LEIGH ANN
Address: 2273 PARK VILLAGE PLACE
City-St-Zip: APOPKA, FL

Title: MGR () Delete
Name: BACH, TIM
Address: 1726 SWEETWATER W. CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: BACH, CAROLYN
Address: 1726 SWEETWATER W. CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: CONNIE RENARD

MGRM

01/12/2009

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