

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061691

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** PARTY, PARTY, PARTY, LLC

**Current Principal Place of Business:**

1730 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

4894 PORTAL DRIVE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1730 MAHAN DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

4894 PORTAL DRIVE  
TALLAHASSEE, FL 32303

**FEI Number:** 26-0335854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT, DIANE M  
1730 MAHAN DRIVE  
TALLAHASSEE, FL 32308 US

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

ROBERTS, DIANE M  
4894 PORTAL DRIVE  
TALLAHASSEE, FL 32303 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: DIANE M. ROBERTS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ROBERTS, DIANE M  
Address: 4894 PORTAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Change (X) Addition  
Name: ROBERTS, JUSTIN C  
Address: 4894 PORTAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Change (X) Addition  
Name: ROBERTS, KELLY M  
Address: 4894 PORTAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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: DIANE M. ROBERTS

MGR

04/30/2008

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