2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096422

Current Principal Place of Business:

9723 BELVEDERE DRIVE

SEFFNER, FL 33584 US

CHESTER, MAGALENE B

9723 BELVEDERE DRIVE

SEFFNER, FL 33584 US

() Delete

MGR

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: PARTY FEVER LLC

FILED Apr 08, 2009 Secretary of State

New Principal Place of Business:

2653 BRUCE B. DOWNS BLVD 2653 BRUCE B. DOWNS BLVD WESLEY CHAPEL, FL 33543 US WESLEY CHAPEL, FL 33544 US **Current Mailing Address: New Mailing Address:** 1439 OCEAN REEF ROAD WESLEY CHAPEL, FL 33544 US FEI Number: 39-2062216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIGLOW, MICHELLE L 1439 OCÉAN REEF ROAD WESLEY CHAPEL, FL 33544 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BIGLOW, DANNY JR. Name: Name: 1439 OCEAN REEF ROAD Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BIGLOW, MICHELLE L Name: Address: 1439 OCEAN REEF ROAD Address: City-St-Zip: WESLEY CHAPEL, FL 33544 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHESTER, FRANK Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: MICHELLE L. BIGLOW MGRM 04/08/2009