

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127181

FILED
Apr 27, 2009
Secretary of State

Entity Name: A BOUNCE O RAMA INFLATABLES OF FLORIDA LLC

Current Principal Place of Business:

3225 WALTER ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

13852 WEBB ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

3225 WALTER ROAD
JACKSONVILLE, FL 32254

New Mailing Address:

13852 WEBB ROAD
JACKSONVILLE, FL 32218

FEI Number: 26-1623890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWDEN, KEVIN
3225 WALTER ROAD
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

SCULLEY, JERRY T
13852 WEBB ROAD
JACKSONVILLE, FL 32218 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: JERRY T SCULLEY

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWDEN, KEVIN
Address: 3225 WALTER ROAD
City-St-Zip: JACKSONVILLE, FL 32254

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCULLEY, JERRY T
Address: 13852 WEBB ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Change (X) Addition
Name: SCULLEY, CAROLYN
Address: 13852 WEBB ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: JERRY T SCULLEY

MGRM

04/27/2009

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