

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000002502

1. Entity Name

TOY PARTNERS OF APOPKA, LLC



Principal Place of Business

13201 ARRINGTON RD.
GRANDVIEW, MO 64030

Mailing Address

13201 ARRINGTON RD.
GRANDVIEW, MO 64030

FILED
Mar 08, 2004 08:00 AM
Secretary of State



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4504588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMER, BEA
805 E. SEMORAN BLVD.
APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000080132
03/08/04-80096-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KLEIN, MICHAEL L
STREET ADDRESS	13201 ARRINGTON RD.
CITY-ST-ZIP	GRANDVIEW, MO 64030
TITLE	MGRM
NAME	KLEIN, PHILIP E
STREET ADDRESS	13201 ARRINGTON RD.
CITY-ST-ZIP	GRANDVIEW, MO 64030
TITLE	MGRM
NAME	FREIDEN, BARI A
STREET ADDRESS	13201 ARRINGTON RD.
CITY-ST-ZIP	GRANDVIEW, MO 64030
TITLE	MGRM
NAME	FRANCES GERSHON PROP, LP
STREET ADDRESS	13201 ARRINGTON RD.
CITY-ST-ZIP	GRANDVIEW, MO 64030
TITLE	MGRM
NAME	CLEMONS, MICHAEL A
STREET ADDRESS	13201 ARRINGTON RD.
CITY-ST-ZIP	GRANDVIEW, MO 64030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-5-2004

Date

816-761-5900

Daytime Phone #