

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006786

FILED
Apr 30, 2009
Secretary of State

Entity Name: PLEASURABLE PLAYTIME, LLC

Current Principal Place of Business:

8855 GRISSOM PKWY
TITUSVILLE, FL 32780

New Principal Place of Business:

1410 WHITE DRIVE
TITUSVILLE, FL 32780

Current Mailing Address:

8855 GRISSOM PKWY
TITUSVILLE, FL 32780

New Mailing Address:

1410 WHITE DRIVE
TITUSVILLE, FL 32780

FEI Number: 26-0294069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, CHRISTINA
8855 GRISSOM PKWY
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

BROWN, CHRISTINA
1410 WHITE DRIVE
TITUSVILLE, FL 32780 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: CHRISTINA BROWN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, CHRISTINA
Address: 8855 GRISSOM PKWY
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: SOWARDS, MICHAEL
Address: 8855 GRISSOM PKWY
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, CHRISTINA
Address: 1410 WHITE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Change () Addition
Name: SOWARDS, MICHAEL
Address: 1410 WHITE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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: CHRISTINA BROWN

MGRM

04/30/2009

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