2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# M98000000708

Entity Name: FESTIVAL FUN PARKS, LLC

Current Principal Place of Business:

4590 MACARTHUR BLVD. SUITE 400
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

4590 MACARTHUR BLVD. SUITE 400
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 77-0486724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title:	CEO	( ) Delete
Name:	EIROA, FERNANDO F	
Address:	4590 MACARTHUR BLVD. STE 400	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	VP	( ) Delete
Name:	WULFFSON, TODD	
Address:	4590 MACARTHUR BLVD. STE 400	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	TRES	( ) Delete
Name:	OWENS, RUSSELL D	
Address:	4590 MACARTHUR BLVD. STE 400	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	VP	( ) Delete
Name:	BORMAN, GREGG	
Address:	4590 MACARTHUR BLVD. STE 400	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	VP	( ) Delete
Name:	CLEARY, JAMES	
Address:	4590 MACARTHUR BLVD. STE 400	
City-St-Zip:	NEWPORT BEACH, CA 92660	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RUSS OWENS TRES 06/26/2009

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