


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90194 020 \*\*\*\*50.00

<b>DOCUMENT # L03000017739</b>	
1. Entity Name <b>BAD BOY INVESTMENTS, LLC</b>	

Principal Place of Business <b>4002 DEL PRADO BLVD CAPE CORAL, FL 33904</b>	Mailing Address <b>4002 DEL PRADO BLVD CAPE CORAL, FL 33904</b>
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2. Principal Place of Business <b>1678 EDITH ESPLANADE</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 304</b> Suite, Apt. #, etc.
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City & State <b>CAPE CORAL FL</b> Zip <b>33904</b> Country <b>USA</b>	City & State <b>FARMINGVILLE NY</b> Zip <b>11738</b> Country <b>USA</b>
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03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>03-0521181</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LEE, ROBERT A JR 4002 DEL PRADO BLVD CAPE CORAL, FL 33904</b>	
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7. Name and Address of New Registered Agent Name <b>THORSTON GIGGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1678 EDITH ESPLANADE</b> City <b>CAPE CORAL</b> FL Zip Code <b>33904</b>	
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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 X (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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, ROBERT A JR 4002 DEL PRADO BLVD CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THORSTON GIGGER, MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 304 FARMINGVILLE - NY 11738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** X

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

**3-26-06**

Date

**516-369-2455**

Daytime Phone #