

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90026 016 ****50.00

DOCUMENT # L05000007555	
1. Entity Name SKINNY DIP PROPERTIES, LLC	

Principal Place of Business 94 NORTH MAIN STREET BLAKELY, GA 39823	Mailing Address 94 NORTH MAIN STREET BLAKELY, GA 39823
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2173603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (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
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRIEN, WILLIAM T			NAME			
STREET ADDRESS	94 NORTH MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	BLAKELY, GA 39823			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOBBS, HOLLY H			NAME			
STREET ADDRESS	94 NORTH MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	BLAKELY, GA 39823			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER, WILLIAM F			NAME			
STREET ADDRESS	94 NORTH MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	BLAKELY, GA 39823			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER, WILLIAM F JR.			NAME			
STREET ADDRESS	94 NORTH MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	BLAKELY, GA 39823			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Holley H. Hobbs **Holley H. Hobbs** 4-24-06 229-724-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #