

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


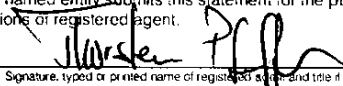
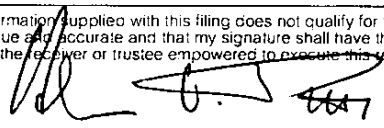
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Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90022 040 ****50.00

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04022006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000038721			
1. Entity Name FOOTPRINTS, LLC			
Principal Place of Business 9626 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32408 US		Mailing Address P.O. BOX 27699 PANAMA CITY BEACH, FL 32411 US	
2. Principal Place of Business 9527 CLARENCE STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PANAMA CITY BEACH		City & State	
Zip FL 32407		Country US	
4. FEI Number 20-2728872		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name: PFEFFER, THORSTEN Street Address (P.O. Box Number is Not Acceptable): 249 MARLIN CIRCLE P.O. BOX 28026 PANAMA CITY BEACH FL 32411-8026	
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:  PFEFFER, THORSTEN 4-7-06 (NOTE: Registered Agent signature required when registering) 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	MGRM PFEFFER, ALOIS O <input checked="" type="checkbox"/> Delete P.O. BOX 27699 PANAMA CITY BEACH, FL 32411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFEFFER, ALOIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1815 WEAKFISH WAY PANAMA CITY BEACH FL 32411-7699
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PFEFFER, THORSTEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 249 MARLIN CIRCLE PANAMA CITY BEACH FL 32411-8026
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: 		4-7-06 850 235 0728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	