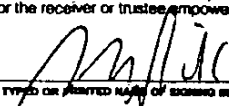


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90141 032 ****50.00

DOCUMENT # L06000051146 1. Entity Name STANKY JIGS, LLC					
Principal Place of Business 110 NORTH 16TH AVENUE HOLLYWOOD, FL 33020			Mailing Address 110 NORTH 16TH AVENUE HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 14-1961193	
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PECHENIK, GREGG 110 NORTH 16TH AVENUE HOLLYWOOD, FL 33020				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 renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PECHENIK, GREGG 110 NORTH 16TH AVENUE HOLLYWOOD, FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HILSON, CLINTON 16671 SW 6TH STREET PEMBROKE PINES, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROTHKIN, STEVE 515 N.E. 63RD STREET #4 MIAMI, FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date JAN 26 2007 Daytime Phone # 954 967 7424					