

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000000451**

**1. Entity Name  
FUNNY CARS, L.L.C.**



**Principal Place of Business  
5 VIA DE LUNA  
STE H  
PENSACOLA BEACH, FL 32561 US**

**Mailing Address  
P.O. BOX 1594  
GULF BREEZE, FL 32562 US**



03022005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 01-0568598	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JOHNSON, KEVIN RAY  
3516 SOUTHWIND DR  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	JOHNSON, KEVIN RAY
<b>STREET ADDRESS</b>	5 VIA DELUNA STE H
<b>CITY-ST-ZIP</b>	PENSACOLA BEACH, FL 32561

<b>TITLE</b>	MGR
<b>NAME</b>	JOHNSON, KAREN MARIE
<b>STREET ADDRESS</b>	5 VIA DELUNA STE H
<b>CITY-ST-ZIP</b>	PENSACOLA BEACH, FL 32561

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<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>	

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04/18/05-80164-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Kevin Johnson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

4/14/05 (850) 932-4949

Date

Daytime Phone #