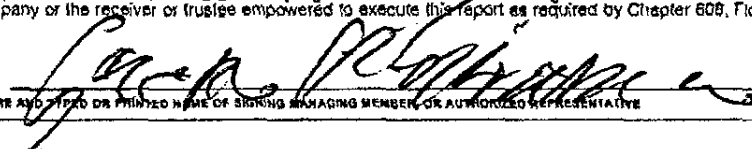


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000002126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |  |
| 1. Entity Name<br><b>HOPPITY SKIPITY, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                   |
| Principal Place of Business<br><b>1400 MORAVIA AVE.<br/>HOLLY HILL, FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address<br><b>1400 MORAVIA AVE.<br/>HOLLY HILL, FL 32117</b>             |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>PALMETO CHARTER SERVICES, INC.<br/>150 MAGNOLIA AVE.<br/>DAYTONA BEACH, FL 32114</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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 _____<br><small>Signature typed or printed name of registered agent and I, as I appropriate. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                   |
| 11000000455871<br>03/16/06-80010-012 \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGR<br/>WILLIAMSON, GORDON<br/>1400 MORAVIA AVE.<br/>HOLLY HILL, FL 32117</b> |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 605, Florida Statutes. |                                                                                  |                                                                                   |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                   |