

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003434

Entity Name: FUZZIE BUDDIES, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

1212 N. 34TH STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1212 N. 34TH STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 04-3598594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHOIT, ERNIE L
334 INNER HARBOUR CIRCLE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILHOIT, ERNIE L
Address: 334 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: WILHOIT, EDIE M
Address: 1212 N. 34TH STREET
City-St-Zip: TAMPA, FL 33605

Title: MGRM () Delete
Name: RUSSELL, DON
Address: 206 S. BLANCA
City-St-Zip: TAMAPA, FL 33606

Title: MGRM () Delete
Name: GARCIA, EDDIE
Address: 4241 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERNIE WILHOIT

CHAI

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date