2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90021 039 ****50.00

BUBBA ARMY, LC									
Principal Place & Business 5050 WEST LEMON STREET TAMPA, FZ 33609		Mailing Address 5050 WEST LEMON STREET TAMPA FL 33609			6036162				
2. Principal Place of Business		3. Mailing Address							
Su 5025 West Lemon Street		Suite 5025 West Lemon Street Suite 200			05012006	Chg-LLC		83 (11/05)	
Suite 200 City & State Tampa, FL 33609		City & Taimpa, FL 33609			4. FEI Numb			<u> </u>	plied For
Zip			Countr	~у	5. Certificate	of Status Desired		\$5.00 Add	
6. N	ame and Address of Curren	Registered Agent			7. Name and Address of New Registered Agent				
"-				Name				. •	
SNYDER, KENNI 5050 WEST LEM	ION STREET		Street Add		ss (P.O. Box Number is Not Acceptable) 5025 West Lemon Street				
TAMPA, FL 3360					Suite 200				
				City	Tampa, I	TL 33609	FL	Zip Code	•
8. The above named	entity submits this statement f	or the purpose of changing its	s registere	d office or register	red agent, or bo	oth, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE James J. Sny Dec 5-1-06									
Signature.	typed or printed rhine of registered age	of and title if applicable. (NO	TE: Registered	Agent signature required	d when reinstating}		DATE		
Filing Fo	ee is \$50.80 May 1, 2006						e check p a Departm	ayable to lent of State	•
9.	MANAGING MEMB		10.		5025	West Lemon	CHANGES	Change	- Addition
TITLE MGR NAME BEAN	I, THOMAS J	☐ Delete	TITLE		Suite			Change	☐ Addition
	WEST LEMON ST			T ADDRESS ST-ZIP	Tampa, FL 33609				
CITY-ST-ZIP TAMP	PA, FL 33609	☐ Delete	TITLE					Change	Addition
NAME BUBB	A THE LOVE SPONGE C	EM NAME			5025 West Lemon Street				
STREET ADDRESS 5050 WEST LEMON STREET CITY-ST-ZIP TAMPA, FL 33609				ST-ZIP	Suite 200				
TITLE		☐ Delete	TITLE			pa, FL 33609)	☐ Change	Addition
NAME STREET ADDRESS :			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition
STREET AODRESS		•	1	ET ADDRESS					}
CITY-ST-ZIP	·	□ p.t	CITY-	ST-ZIP				☐ Change	Addition
NAME		☐ Delete	NAME					Griange	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADORESS					
CITY-ST-ZIP		1		ST-ZIP					
11. I hereby certify th indicated on this limited liability co	nat the information supplied wi report is true and accurate an impany of the receiver of trus	this filing does not qualify for the harmy signature shall have be empowered to execute this	or the exer e the same s report as	mptions contained legal effect as if r required by Chap	d in Chapter 119 made under oa pter 608, Florida), Florida Statutes, fi th; that I am a mana a Statutes.	further certifuging memb	y that the info er or manage	irmation er of the
SIGNATURE D2 B-BBA CLEM 5-1-06 813-637-2230									
MGNAT	THE AND TYPES OR PRINTED NAME	OF SIGNING MANAGING MEMBER, M	ANAGER, OF	AUTHORIZED REPRES	SENTATIVE	Date		Daytime Phone #	