

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014573

1. Entity Name
LUVBUGS LLC



FILED
Mar 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

3100 S. FLORIDA AVE.
INVERNESS, FL 34450

Mailing Address

9390 S. LONGBRANCH AVE.
INVERNESS, FL 34452



03242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0454280

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PESTANA, WINSTON
9390 S. LONGBRANCH AVE.
INVERNESS, FL 34452

**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, 2004

000000098830
03/29/04-80058-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PESTANA, WINSTON
STREET ADDRESS 9390 S. LONGBRANCH AVE.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE MGR
NAME PESTANA, KIMBERLY
STREET ADDRESS 9390 S. LONGBRANCH AVE.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

Winston Pestana
WINSTON PESTANA

3/25/04

Date

352-726-3555

Daytime Phone #