

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 030 ****55.00

DOCUMENT # L02000014573					
1. Entity Name LUVBUGS LLC					
Principal Place of Business 3100 S. FLORIDA AVE. INVERNESS, FL 34450			Mailing Address 9390 S. LONGBRANCH AVE. INVERNESS, FL 34452		
2. Principal Place of Business		3. Mailing Address 409 WARPETH Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062006 Chg-LLC CR2E083 (11/05)	
City & State		City & State STATHAM, GEORGIA		4. FEI Number 03-0454280	
Zip		Zip 30666		Country U-S-A.	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PESTANA, WINSTON 9390 S. LONGBRANCH AVE. INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name: PESTANA, WINSTON Street Address (P.O. Box Number is Not Acceptable): # 2728 E. FAWN COURT City: INVERNESS, FL Zip Code: 34452		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PESTANA, WINSTON 9390 S. LONGBRANCH AVE. INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PESTANA WINSTON 2728 E. FAWN CT. INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PESTANA, KIMBERLY 9390 S. LONGBRANCH AVE. INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PESTANA, KIMBERLY INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.					
SIGNATURE: <u>Winston Pestana - WINSTON PESTANA</u>			Date: <u>6/6/06</u> Daytime Phone #: <u>352-422-0605</u>		