


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033850 1. Entity Name FATBRAIN, LLC	
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Principal Place of Business 180 CYPRUS AVE. TAMPA, FL 33606	Mailing Address 180 CYPRUS AVE. TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



04252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3735723	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENE, JAMES 180 CYPRUS AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAPLETON, JOHN 180 CYPRUS AVE. TAMPA, FL 33606
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U00000349775
05/02/05-80077-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *James Rose* 4/27/05 813-258-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #