2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# L03000011610

Entity Name: LITTLE BLUE BUG, L.L.C.

Current Principal Place of Business:

1695 METROPOLITAN CIRCLE STE. 6
TALLAHASSEE, FL 32308

New Principal Place of Business:

600 STILES AVENUE
TALLAHASSEE, FL 32303

Current Mailing Address:

1695 METROPOLITAN CIRCLE STE. 6
TALLAHASSEE, FL 32308

New Mailing Address:

600 STILES AVENUE
TALLAHASSEE, FL 32303

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLIFT, KRISTIN E
1695 METROPOLITAN CIRCLE STE. 6
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CLIFT, KRISTIN E
600 STILES AVENUE
TALLAHASSEE, FL 32303 US

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: _____ 05/24/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CLIFT, KRISTIN E
Address: 1695 METROPOLITAN CIRCLE, SUITE 6
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLIFT, KRISTIN E
Address: 600 STILES AVENUE
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTIN E. CLIFT MGRM 05/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date