


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019344 1. Entity Name CHUBBLES INVESTMENTS LIMITED LIABILITY COMPANY	
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Principal Place of Business 902 PALM LANE REDONDO BEACH, CA 90278	Mailing Address 902 PALM LANE REDONDO BEACH, CA 90278
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01082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0126767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, KYLE 7855 ARGYLE FOREST BLVD. SUITE 401 JACKSONVILLE, FL 32244
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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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTIS-LEIST, CHRISTINE R 902 PALM LANE REDONDO BEACH, CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIST, JEFFREY J 902 PALM LANE REDONDO BEACH, CA 90278
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<p>U00000329186 01/20/06-80032-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Christine Pettis-Leist 01/08/06 310/748-3856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #