


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90059 050 ****50.00

DOCUMENT # L03000025148		
1. Entity Name FUBAR, LLC		

Principal Place of Business 2341 PORTER LAKE DR. SUITE 207 SARASOTA, FL 34240	Mailing Address PO BOX 2838 SARASOTA, FL 34230
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2. Principal Place of Business 8221 Blackie Court Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State
Zip 34240	Country Sarasota

20000030



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1196882	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 WILSON, CHARLES H 2341 PORTER LAKE DR #207 SARASOTA, FL 34240	7. Name and Address of New Registered Agent Name: Wilson, Charles H. Street Address (P.O. Box Number is Not Acceptable) 8221 Blackie Court City: Sarasota FL 34240
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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.

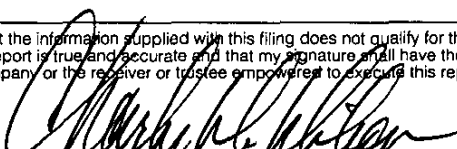
SIGNATURE: Charles H. Wilson DATE: 1/6/06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H 2341 PORTER LAKE DR #207 SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wilson, Charles H. 8221 Blackie Court Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  DATE: 1/6/06 DAYTIME PHONE: 941-957-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE