## **2007 LIMITED LIABILITY COMPANY**

## FILED ANNUAL REPORT Jan 26, 2007 08:00 AM **DOCUMENT # L03000025148 Secretary of State** 1. Entity Name FUBAR, LLC Principal Place of Business Mailing Address 8221 BLAIKIE COURT PO BOX 2838 SARASOTA, FL 34240 SARASOTA, FL 34230 01042007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1196882 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, CHARLES H DO NOT WRITE 8221 BLAIKIE COURT SARASOTA, FL 34240 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. (NOTE: Registered Agent agretiture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME WILSON, CHARLES H STREET ADDRESS 8221 BLAIKIE COURT CITY-ST-7IP SARASOTA, FL 34240 TITLE 000000605232 01/30/07-80028-003 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 trusted empowered to execute the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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