2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030917

1. Entity Name
DIRTY BIRD BIKINI, LLC



FILED Apr 19, 2006 08:00 AM Secretary of State

Principal Place of Business 417 PINE LAKE DR. NAPLES, FL 34112 Mailing Address
417 PINE LAKE DR.

NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0208337

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daysima Phone #

6. Name and Address of Current Registered Agent

DREW, MARK 417 PINE LAKE DR. NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

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8. The above the obliga	enamed entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or regis	ered agent, or both, in the S	tate of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printeg name of registered agent and title if applicable.	(NOTE: Registered Agent signature requi	rant ushan painstoffens	DATE	
	own done, then a human trains a regional and the maphicube.	(ADJE: Registered Agent signature rector	and miles same security	DATE	
Filing Fee is \$50.00 Due by May 1, 2006			05/0	: 000000518445 05/02/06-80010-022 50.00	
9.	MANAGING MEMBERS/MANAGERS		AM make a second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREW, MARK 417 PINE LAKE DR. NAPLES, FL 34112		्र स्टिन्स्		,.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREW, ZLATICA 417 PINE LAKE DR. NAPLES, FL 34112				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NO	T WRITE	·
THTLE HAME STREET ADDRESS GTTY-ST-ZIP			IN THIS	SPACE	· -
THEE NAME STREET ADDRESS GITY-ST-ZIP					
D7LE NAME STREET ADDRESS CITY-ST-2IP					

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 it 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 and typed or printed name of signing managing member, or authorized representative