2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2006
Secretary of State

DOCUMENT# L03000033799

Entity Name: NAKED BONGOS LLC

Current Principal Place of Business:

220 14TH AVENUE NE
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

220 14TH AVENUE NE
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-0203699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

DEGROOT, NEIL P
220 14TH AVENUE NE
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WATERSHED ENTERTAINM, ENT HOLDINGS L L C	
Address:	2711 CENTERVILLE ROAD, SUITE 400	
City-St-Zip:	WILMINGTON, DL 19808 US	
Title:	MGR	( ) Delete
Name:	DEGROOT, NEIL P	
Address:	220 14TH AVENUE NE	
City-St-Zip:	ST. PETERSBURG, FL 33701 US	
Title:	MGR	( ) Delete
Name:	APTER, CYNTHIA F	
Address:	11975 4TH STREET E	
City-St-Zip:	TREASURE ISLAND, FL 33706 US	
Title:	MGR	( ) Delete
Name:	DAVIS, LANCELOT D	
Address:	4125 N. TOMSIK STREET	
City-St-Zip:	LAS VEGAS, NV 89129 US	
Title:	MGR	( ) Delete
Name:	RAMSAY, DONALD D	
Address:	863 19TH AVENUE N	
City-St-Zip:	ST. PETERSBURG, FL 33704 US	
Title:	MGR	( ) Delete
Name:	DAVIS, CHRISTOPHER K	
Address:	P.O. BOX 76466	
City-St-Zip:	ST. PETERSBURG, FL 33734 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: NEIL DEGROOT MGR 05/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date