2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035349

Entity Name: VIRTUAL BABY NURSE L.L.C.

FILED Feb 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5545 N W KAPPA COURT PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

5545 NW KAPPA COURT PORT ST. LUCIE, FL 34986

FEI Number: 26-0072182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BACHMANN, JAYCINTH R MGR
5545 N W KAPPA COURT
PORT SAINT LUCIE, FL 34986 US

BACHMANN, JAYCINTH E MGR
5545 N W KAPPA COURT
PORT SAINT LUCIE, FL 34986 US

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: JAYCINTH E BACHMANN 02/21/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition BACHMANN, JAYCINTH BACHMANN, JAYCINTH E MGR Name: Name: Address: 5545 N W KAPPA COURT Address: 5545 N W KAPPA COURT City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR () Delete Title: MGR (X) Change () Addition Name: BACHMANN, DANIEL Name: BACHMANN, DANIEL R MGR Address: 5545 N W KAPPA COURT Address: 5545 N W KAPPA COURT City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986

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: JAYCINTH E BACHMANN MGR 02/21/2006