

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046135

Entity Name: LEAVITT'S BUGGY BATH, L.L.C.

FILED  
Jan 31, 2007  
Secretary of State

**Current Principal Place of Business:**

1127 NO. YOUNG BLVD  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX  
KAMAS, UT 84036

**New Mailing Address:**

P.O. BOX 41  
KAMAS, UT 84036

FEI Number: 33-1077279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LEAVITT, STANLEY D  
572 NE 399 AVE  
OLD TOWN, FL 32680 US

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

LEAVITT, STANLEY D  
572 NE 399 AVE  
OLD TOWN, FL 32680 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: STANLEY D LEAVITT

01/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEAVITT, STANLEY D  
Address: HC 2 727  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEAVITT, STANLEY D  
Address: 527NE 339 AVE  
City-St-Zip: OLD TOWN, FL 32680

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: STANLEY D LEAVITT

OWNE

01/31/2007

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