


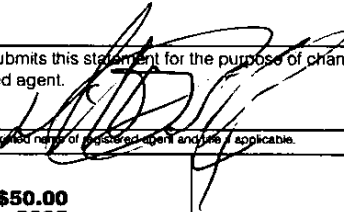
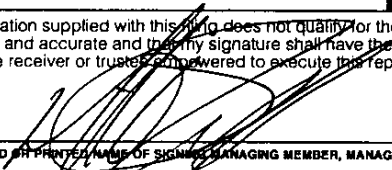
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90349 040 \*\*\*\*55.00

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<b>DOCUMENT # L04000005330</b>			
1. Entity Name BATHTUB MAGIC LLC			
Principal Place of Business 1519 14TH AVENUE NORTH LAKE WORTH, FL 33460		Mailing Address PO BOX 15416 WEST PALM BEACH, FL 33416	
2. Principal Place of Business 1519 14TH AVENUE NORTH Suite, Apt. #, etc.		3. Mailing Address PO BOX 15416 Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State WEST PALM BEACH, FL	
Zip 33460	Country USA	Zip 33416	Country USA
6. Name and Address of Current Registered Agent POWELL, DAVID O 1519 14TH AVENUE NORTH LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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. SIGNATURE  DATE 3-10-2005 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, DAVID O 1519 14TH AVENUE NORTH LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: March 10, 2005 5615869213 Daytime Phone #	