2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006
Secretary of State

DOCUMENT# L04000012668

Entity Name: BOTTOM LINE ENTERPRISES LLC

Current Principal Place of Business:

12468 SPRINGHILL DR
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

12468 SPRINGHILL DR
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 83-0386455 **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:

WHEELER, MICHAEL J
12468 SPRINGHILL DR
SPRING HILL, FL 34609 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: WHEELER, MICHAEL J
Address: 16365 SEMINOLE BLVD.
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: MGRM ( ) Delete
Name: MILLER, JAMES L
Address: 1622 COLUMBIA ARMS CIRCLE, #167
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MILLER, JAMES L
Address: 3522 BERMUDA WAY LANE
City-St-Zip: KISSIMMEE, FL 34741 US

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: MICHAEL J WHEELER MGRM 06/20/2006

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