2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State

DOCUMENT	# L04	100001	6474
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1. Entity Name
FREAKY TIK! ENTERPRISES LLC

Principal Place of Business

204 HYW 98 DESTIN, FL 32541 Mailing Address

PO BOX 673 DESTIN, FL 32540



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number | Applied For | 41-2125553 | Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIVINCENTI, ROY S JR 204 HYW 98 DESTIN, FL 32541

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The above named entity afforms this statement for the purpose of ch	nanging its registered office or registered age nt, or both	i, in the State of Florida. I am familiar wit	n, and accept
the obligations of egistated agent.			
SIGNATURE AND SIGNATURE			
Stigition, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when recostating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBEHS/MANAGEHS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIVINCENTI, ROY S JR PO BOX 673 DESTIN, FL 32540	
DITLE NAME STREET ADDRESS CITY-ST-ZIP		
Title Name Street address City-St-Cip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		

04/27/06-80003-009 50.00

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11. I hereby certify that the information scipplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accounts 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 809, Florida Statutes.

SIGNATURE:

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Öate

Daytime Phone #