2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021117

Entity Name: P&SBLIMPIE, LLC

FILED Jan 16, 2006 Secretary of State

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

1827 VISTA COVE 1505 COUNTY RD. 220

SAINT AUGUSTINE, FL 32084 US ORANGE PARK, FL 32003 US

Current Mailing Address: New Mailing Address:

1827 VISTA COVE 1810-C GREEN SPRINGS CIR. US SAINT AUGUSTINE, FL 32084 ORANGE PARK, FL 32003 US

FEI Number: 02-0719058 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:

MANG, SUSAN MANG, SUSAN 1827 VISTA COVE 1810-Ć GREEN SPRINGS CIR.

SAINT AUGUSTINE, FL 32084 US ORANGE PARK, FL 32003

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: 01/16/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition

MANG, PHILLIP MANG, PHILLIP Name: Name: Address: 1827 VISTA COVE Address: 1810-C GREEN SPRINGS CIR.

City-St-Zip: SAINT AUGUSTINE, FL 32084 US City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MANG, SUSAN Name: MANG, SUSAN

Address: 1827 VISTA COVE Address: 1810-C GREEN SPRINGS CIR.

City-St-Zip: SAINT AUGUSTINE, FL 32084 US City-St-Zip: ORANGE PARK, FL 32003 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: PHILIP MANG 01/16/2006