

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90019 021 ****50.00

DOCUMENT # L04000027032					
1. Entity Name BIZZY BLONDES INVESTMENTS, LLC					
Principal Place of Business 5014 SAN JOSE DRIVE SARASOTA, FL 34235 US			Mailing Address 5014 SAN JOSE DRIVE SARASOTA, FL 34235 US		
2. Principal Place of Business 5012 SR64 EAST Suite, Apt. #, etc.		3. Mailing Address 5012 SR64 EAST Suite, Apt. #, etc.			
City & State BRADENTON FL		City & State BRADENTON FL		4. FEI Number 20-1180236	
Zip 34208		Country MANATEE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REINICKE, STEPHANIE A 1800 SECOND STREET SUITE 803 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME TRACY, LAURA STREET ADDRESS 5014 SAN JOSE DRIVE CITY-ST-ZIP SARASOTA, FL 34235	☐ Delete		TITLE NAME STREET ADDRESS 5012 SR64 EAST CITY-ST-ZIP BRADENTON FL 34208	☒ Change ☐ Addition	
TITLE MGRM NAME RACKEY, SALLY STREET ADDRESS 4353 EASTWOOD DRIVE CITY-ST-ZIP SARASOTA, FL 34232	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied 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 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 606, Florida Statutes.					
SIGNATURE: <i>LAURA TRACY MGRM</i> <i>5/10/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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DOCUMENT #L04000027032		
1. Entity Name BIZZY BLONDES INVESTMENTS, LLC		

Principal Place of Business 6014 SAN JOSE DRIVE SARASOTA, FL 34235 US	Mailing Address 5014 SAN JOSE DRIVE SARASOTA, FL 34235 IS
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2. Principal Place of Business 5012 SR 64 EAST SARASOTA, FL 34235	3. Mailing Address 5012 SR 64 EAST SARASOTA, FL 34235
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City & State BRADENTON FL	City & State BRADENTON FL
Zip 34209	Zip 34209
County MANATEE	County MANATEE

6. Name and Address of Current Registered Agent REINICKE, STEPHANIE A 1800 SECOND STREET SUITE 803 SARASOTA, FL 34236	
7. Name and Address of New Registered Agent	

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 _____
Signature of registered agent and filer (not applicable) _____
Signature of new agent (not applicable) _____

Filing Fee is \$60.00 Due by September 8, 2006	Make check payable to Florida Department of State
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A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACY, LAURA 5014 SAN JOSE DRIVE SARASOTA, FL 34235 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACKEY, SALLY 4368 EASTWOOD DRIVE SARASOTA, FL 34232 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 606, Florida Statutes.

SIGNATURE: _____	DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING REPORT, MANAGER OR AUTHORIZED REPRESENTATIVE	

ATTACHMENT
20045605



05022008 Chg-LLC CR2E063 (11/06)

4. FEI Number 20-1180236	Applied For ☐ Not Applicable
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5. Certificate of Service Fee ☐ \$5.00 Additional Fee Required
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City FL	Zip Code
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