


FILED  
Apr 11, 2006 8:00 am  
Secretary of State

04-11-2006 90018 025 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000032148			
1. Entity Name WIGGEST WUBS, LLC			
Principal Place of Business ONE NORTH CLEMATIS STREET STE. 305 WEST PALM BEACH, FL 33401		Mailing Address ONE NORTH CLEMATIS STREET STE. 305 WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  WIENER, DAVID J ESQ ONE NORTH CLEMATIS STREET STE. 305 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <u>John PRESTON c/o Dina Scheamm</u> Street Address (P.O. Box Number is Not Acceptable) <u>ONE NORTH CLEMATIS STREET, Suite 305</u> City <u>West Palm Beach</u> FL <u>33401</u>	
8. The above named <u>John PRESTON</u> is making 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 <u>[Signature]</u> Signature of <u>John PRESTON</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>4/4/06</u>	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR PRESTON, STEPHEN S 6210 CAMPBELL ROAD STE. 140 DALLAS, TX 75248 <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 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 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>4/4/06</u> Daytime Phone # <u>214-850-5186</u>	