


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000065837 1. Entity Name BUBBAHOOD-BY-THE-SEA, LLC	
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Principal Place of Business 8953 WINGED FOOT DRIVE TALLAHASSEE, FL 32312 US	Mailing Address 8953 WINGED FOOT DRIVE TALLAHASSEE, FL 32312 US
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03112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1579222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON & ASSOCIATES, PA 4826 KERRY FOREST PARKWAY TALLAHASSEE, FL 32309
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

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

100000461247
03/23/06-80042-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBREARTY, CHARLES E 107 RIDGEWOOD PLACE STATEN ISLAND, NY 10301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATOUR, NANCY B 107 RIDGEWOOD PLACE STATEN ISLAND, NY 10301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBREARTY, THOMAS E 8953 WINGED FOOT DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBREARTY, JOANNE 8953 WINGED FOOT DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joanne MCBrearty **850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **3-11-06** **893-8578**
Date Daytime Phone #