2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000071563

1. Entity Name FULLBACH INVESTMENTS, LLC

Principal Place of Business

2201 - 4TH STREET NORTH

SUITE 200

ST. PETERSBURG, FL 33704

Mailing Address

2201 - 4TH STREET NORTH

SUITE 200

ST. PETERSBURG, FL 33704

FILED Apr 19, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1801691

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

HOBACH, JOHN P JR. 2201 - 4TH STREET NORTH SUITE 200

DO NOT WRITE

ST. PETERSBURG, FL 33704		IN THIS SPACE		
5. The above the obliga	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fills if applicable	[NOTE: Registered Agent signature required when reinstating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2006		U00000519642 05/02/06-80062-010 50.00	
5 .	MANAGING MEMBERS/MANAGERS			
STILE NAME STREET ADDRESS CITY-ST-ZIP	M HOBACH, JOHN P JR. 2201 - 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33704			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FULLERTON, KENNETH D 2201 - 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33704			
TIBLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
THLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE				

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 Dhapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TRLE NAME STREET ADDRESS CITY-ST-ZIP

URE: X JOHN ! HOBACH!

× 4-15.06

×727-580-4140

- Daytime Phone s