


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000076238		
1. Entity Name SAWBONE & JAWBONE LIMITED LIABILITY COMPANY		
Principal Place of Business 40 BAHAMA CIRCLE TAMPA, FL 33602		Mailing Address 40 BAHAMA CIRCLE TAMPA, FL 33602
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"><div>01102006 No Chg-LLC</div><div>CR2E083 (11/05)</div></div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 68-0597595</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$5.00 Additional Fees Required</div></div>		
6. Name and Address of Current Registered Agent MCCLIMANS, FREDERICK J 40 BAHAMA CIRCLE TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____		
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2006</div><div>U00000439684 03/02/06-80010-020 50.00</div></div>		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLIMANS, FREDERICK J 40 BAHAMA CIRCLE TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLIMANS, JANE 40 BAHAMA CIRCLE TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYCE, ROBERT 18312 MILLAN DE AVILA TAMA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYES-JOYCE, LILLIAN 18312 MILLAN DE AVILA TAMA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAG, EMMETT T P.O. BOX 674 WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAG, MARY W P.O. BOX 674 WINDERMERE, FL 34786	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2-13-06 <small>Daytime Phone #</small>