2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L04000080758

Entity Name: TURN AROUND BABY LLC

Current Principal Place of Business:

793 N.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

793 S.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983

Current Mailing Address:

793 N.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

793 S.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983

FEI Number: 20-1855987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRENNAN, THOMAS
793 N.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BRENNAN, THOMAS
793 S.W. HIBISCUS STREET
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: _____ 05/01/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BRENNAN, THOMAS A
Address: 793 N.W. HIBISCUS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRENNAN, THOMAS A
Address: 793 S.W. HIBISCUS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS A. BRENNAN MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date