

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091701

Entity Name: HAPPY HABITATS, LLC

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

501 WILLIAMS ST.
FORT WALTON BEACH, FL 325473620

New Principal Place of Business:

98 N. BLUE HERON DR.
SANTA ROSA BCH, FL 32459

Current Mailing Address:

501 WILLIAMS ST.
FORT WALTON BEACH, FL 325473620

New Mailing Address:

98 N. BLUE HERON DR.
SANTA ROSA BCH, FL 32459

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SWANSON, SARAH
501 WILLIAMS ST.
FORT WALTON BEACH, FL 325473620 US

Name and Address of New Registered Agent:

SWANSON, SARAH
98 N. BLUE HERON DR.
SANTA ROSA BCH, FL 32459 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:

05/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWANSON, SARAH
Address: 501 WILLIAMS ST.
City-St-Zip: FORT WALTON BEACH, FL 325473620

Title: MGRM () Delete
Name: GETZ, GEOFFREY
Address: 501 WILLIAMS ST.
City-St-Zip: FORT WALTON BEACH, FL 325473620

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWANSON, SARAH
Address: 98 N. BLUE HERON DR.
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: MGRM (X) Change () Addition
Name: GETZ, GEOFFREY
Address: 98 N. BLUE HERON DR.
City-St-Zip: SANTA ROSA BCH, FL 32459

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: SARAH SWANSON

MGM

05/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date