



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 018 ****55.00

DOCUMENT # L04000091759 1. Entity Name STICKY BOTTOM, L.L.C.					
Principal Place of Business 416 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169		Mailing Address P.O. BOX 610366 ORLANDO, FL 32861			
2. Principal Place of Business 4707 S. ATL AVE. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 220 Suite, Apt. #, etc.			
City & State New Smyrna Bch, FL		City & State N.S.B., FLORIDA		4. FEI Number 201934806	
Zip 32169		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32170		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DISBROW, BRYAN J 416 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4707 S. ATL. AVE City N. S. B. FL Zip Code 32169		
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 <u><i>Bryan J. Disbrow</i></u> DATE <u><i>8/15/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DISBROW, BRYAN J 416 CEDAR AVENUE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. DISBROW, BRYAN J. 4707 S. ATLANTIC AVE N.S.B., FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Bryan J. Disbrow</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	