


**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, N.S.B., FLORIDA**

City & State  
**N.S.B., FLORIDA**

Zip  
**32169**

Country  
**USA**

Zip  
**32170**

Country  
**USA**



07292005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**DISBROW, BRYAN J**  
**416 CEDAR AVENUE**  
**NEW SMYRNA BEACH, FL 32169**

4. FEI Number  
**201934806**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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 *Bryan J. Disbrow* DATE 8/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGR.</b> DISBROW, BRYAN J. 4707 S. ATLANTIC AVE N.S.B., FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bryan J. Disbrow* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE