


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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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	<i>MGR.</i> 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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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