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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90083 048 ****50.00

DOCUMENT # L05000001251

1. Entity Name
NIBBLERS, LLC

Principal Place of Business	Mailing Address
1500 W. CASS STREET TAMPA, FL 33606	1500 W. CASS STREET TAMPA, FL 33606

03292006 Chg-LLC CR2E063 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2103135 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, JAMES D
1512 KESTREL WAY
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: Don C. Lutz
Street Address (P.O. Box Number is Not Acceptable): 1609 Hulett Drive
City: Brandon FL Zip Code: 33511

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: [signature] Dan C. Lutz, (Reg. Agent) 4/19/06
Signature, type or print name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUTZ, DON C 1609 HULETT DR. BRANDON, FL 33511	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental requirements to 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 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: [signature] Don C. Lutz, (Manager/Member) 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #