2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067759

Entity Name: FATBOYS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
8209 LI FAIR DR PENSACOLA, FL 32506 US	6800 N. PALAFOX ST. PENSACOLA, FL 32503 US
Current Mailing Address:	**New Mailing Address:**
8209 LI FAIR DR PENSACOLA, FL 32506 US	

FEI Number: 20-3123992   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RADCLIFFE, JOHN 8209 LI FAIR DR PENSACOLA, FL 32506 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: _____

         Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RADCLIFFE, JOHN	Name:	
Address:	8209 LI FAIR DR	Address:	
City-St-Zip:	PENSACOLA, FL 32506 US	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LADD, GEORGE M	Name:	LADD, GEORGE M
Address:	GEORGE M. LADD	Address:	6800 N. PALAFOX ST.
City-St-Zip:	PENSACOLA, FL 32504 US	City-St-Zip:	PENSACOLA, FL 32503 US
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	BURGOYNE, ROBERT H	Name:	
Address:	5855 LEESWAY BLVD	Address:	
City-St-Zip:	PENSACOLA, FL 32504 US	City-St-Zip:	

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: JOHN RADCLIFFE   MGRM   02/05/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date