

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088752

Entity Name: MY BABY'S NURSERY LLC

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

10805 RESOTA BEACH ROAD
PANAMA CITY, FL 32409

New Principal Place of Business:

1507 TENNESSEE AVE
LYNN HAVEN, FL 32444

Current Mailing Address:

10805 RESOTA BEACH ROAD
PANAMA CITY, FL 32409

New Mailing Address:

FEI Number: 20-3471879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, CAMILLE
10805 RESOTA BEACH ROAD
PANAMA CITY, FL 32409 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: PERKINS, CAMILLE
Address: 10805 RESOTA BEACH ROAD
City-St-Zip: PANAMA CITY, FL 32409

Title: MGRM () Delete
Name: CRITTENDON, CHRISTINA
Address: 10805 RESOTA BEACH ROAD
City-St-Zip: PANAMA CITY, FL 32409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CAMILLE PERKINS

MGRM

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date