

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018044

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** WICKED HOT BABE AND HER HUSBAND, L.L.C.

**Current Principal Place of Business:**

484 BAYSHORE DRIVE  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

484 BAYSHORE DRIVE  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number: 20-4357266      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:**

**Name and Address of New Registered Agent:**

HAVENS, JASON E  
4400 EAST HIGHWAY 20  
SUITE 211  
NICEVILLE, FL 32578 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:**

Title: MGRM ( ) Delete  
Name: CHARLES D. CARY 2003, REVOCABLE TRUST  
Address: 484 BAYSHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: KATHERINE F. CARY 20, 03 REVOCABLE TRUST  
Address: 484 BAYSHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

**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 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: CHARLES D. CARY

MGRM

05/02/2007

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