

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018044

FILED
Apr 29, 2008
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 ()

Name and Address of Current Registered Agent:

HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578 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: CHARLES D. CARY 2003, REVOCABLE TRU S T
Address: 484 BAYSHORE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: KATHERINE F. CARY 20, 03 REVOCABLE T R UST
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, TRUSTEE

MGRM

04/29/2008

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