

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083491

Entity Name: MUDBUGS, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

424 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

1809 EAST WEST PARKWAY  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

424 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

P.O. BOX 9287  
FLEMING ISLAND, FL 32006

FEI Number: 20-2542515      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:**

DUVAL, STEPHEN J  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043      US

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

GREEN, THOMAS H  
2119 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204      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: THOMAS H. GREENE

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JONES, ANITA T  
Address: 638 MARTINIQUE CT  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES:**

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: ANITA T. JONES

MGRM

05/01/2007

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