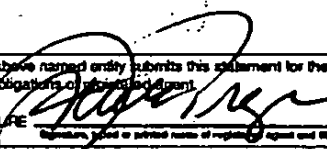


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-24-2006 90244 026 ****55.00

DOCUMENT # M04000004189			
1. Entity Name WITTLE GUYS, LLC			
Principal Place of Business 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755		Mailing Address 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755	
2. Principal Place of Business 6730 W Linebaugh Ave Sub-Apt. #, etc. 201		3. Mailing Address 6730 W Linebaugh Ave Sub-Apt. #, etc. 201	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33625 Country Hillsborough		Zip 33625 Country Hillsborough	
4. FEI Number 73-1718212		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HANNA, LINDA C 600 S. MAGNOLIA AVE., SUITE 125 TAMPA, FL 33608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  P. David Troff - Authorized Rep 3/8/06 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDEN, NANCY J 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Golden, Nancy J 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TROFF, ROSEMARY 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Troff, Rosemarie 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

P. David Troff **3/28/06**
Authorized Representative