
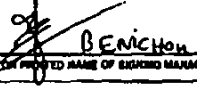


FILED
May 01, 2006 8:00 am
Secretary of State

03-30-2006 90193 009 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/

DOCUMENT # L05000045167			
1. Entity Name BUBBLE, L.L.C.			
Principal Place of Business 888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316		Mailing Address 888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316	
2. Principal Place of Business One Island Place		3. Mailing Address One Island Place	
Suite, Apt. #, etc. 3801 NE 207th St #603		Suite, Apt. #, etc. 3801 NE 207th St #603	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Zip 33180	
Country		Country	
4. FEI Number 20-2818794		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEHAR, LARRY, J.P.A. 888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One Island Place 3801 NE 207th St, #603 City Aventura FL Zip Code 33180	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when removing)</small>			
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	GM BENICHOV Jean Marie 3801 NE 207th St FL 33180 AVENTURA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			One Island Place 3801 NE 207th St, #603 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT BRARI CATY 3801 NE 207th St FL 33180 AVENTURA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information disclosed 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 608, Florida Statutes.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			