2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L02000015033 FILED BARŽENICK & CLARK, L.L.C. 2006 MAR 30 AM 10: 08 DIVIDION DE SONFORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 126 S. SHORE DR. #21 126 S. SHORE DR. #21 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 Principal Place of Business 3. Mailing Address 9379 CAYMAN DR. 19379 CAYMAN DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number HAMMOND HAMMONT 03-0468030 Not Applicable Country Zip 10401 \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 126 S. SHORE DR, #21 DESTIN, FL 32541 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 tered agent the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MORM MGR Delete TITLE Change ☐ Addition THE BRENNA BARZENICK CLARK, MICHAEL NAME 126 S. SHORE DR. #21 STREET ADDRESS STREET ADDRESS 19379 CAYMAN DRIVE CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY - ST-ZIP HAMMOND Addition ☐ Delete TITLE ☐ Change TITLE MGRM NAME NAME JAY BARZENICK STREET ADDRESS STREET ADDRESS 19379 CAYMAN DRIVE SSEEDIGHEILD BUSINES CITY-ST-ZIP CITY-ST-ZIP U3/30/06--01005--026 (#Kttangel, 0) Addition TITLE ☐ Delete TIME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Addition ☐ Detete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 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 firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.