2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DQCUMENT # L04000035315 JOHÁNNING, LLC Mailing Address Principal Place of Business **5770 SHIRLEY STREET 5770 SHIRLEY STREET** NAPLES, FL 34109 NAPLES, FL 34109 04122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1144482 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOOD, DOUGLAS A DO NOT WRITE 1000 TAMIAMI TRAIL NORTH SUITE 201 IN THIS SPACE NAPLES, FL 34102 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, typed or printed name of registered agent and tills if applicable (NOTE: Registered Agent algorithm required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME NOM OF COLLIER COUNTY, INC. STREET ADDRESS 5770 SHIRLEY STREET NAPLES, FL 34109 C/TY-ST-ZIP #80000543733 05/11/06-80007-002 55.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 015Y-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CUY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information simplified with this filling does not quality 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED