2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044245

Entity Name: FLORIPA, LLC

FILED Mar 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2172 SE MILL CREEK CIRCLE OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** PO BOX 5627 OCALA, FL 34478 FEI Number: 11-3720771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMASWAMI, WENDI L 1600 SW 42ND STREET OCALA, FL 34474 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition RAMASWAMI, SUKUMARAN R RAMASWAMI, WENDI L Name: Name: 1600 SW 42ND STREET Address: 1600 SW 42 STREET Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474 Title: MGRM () Delete Title: () Change () Addition DAS, RANJANA P Name: Name: Address: 2172 SE MILL CREEK CIRCLE Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROHATGI, REKHA Name: Name: Address: 7879 SE 12TH CIRCLE Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: HELFIN, GARY Name: 1406 SE 48TH AVENUE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition MITCHELL, LILLIAN A Name: Name: 701 SE 48TH AVE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: (X) Delete Title: () Change () Addition KATHIRIPILLAI, KETHERSWARAN Name: Name: Address: 3585 SW 24TH AVE RD Address: OCALA, FL 34474 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDI RAMASWAMI MGRM 03/19/2006