2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # L04000059095** 1. Entity Name AMVEST EQUITIES I. L.L.C. Mailing Address Principal Place of Business 1951 LARGO ROAD 1951 LARGO ROAD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 A Miller of the Control of the Control of CR2E083 (11/05) 02172006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1465014 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MOORE, TERRY A DO NOT WRITE 1951 LARGO ROAD JACKSONVILLE, FL 32207 IN THIS SPACE Salara San Situation 5. 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 this it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 ₽. MANAGING MEMBERS/MANAGERS MGR TITLE MOORE, TERRY A MARKE STREET ADDRESS 1951 LARGO ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME U00000447127 - 53/08/06 80042 004 50.00 STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP UNE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 only, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED