2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 15, 2006 8:00 am Secretary of State **DOCUMENT # L05000090380** 02-15-2006 90129 011 ****50.00 ACE OF HEARTS REALTY L.L.C. Principal Place of Business Maifing Address 11447 PARK BLVD., #210 11447 PARK BLVD., #210 SEMINOLE, FL 33772 SEMINOLE, FL 33772 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State Not Applicable Pinellas Country \$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 Name JACKSON, VIRGINIA M Street Address (P.O. Box Number is Not Acceptable) 11447 PARK BLVD., #210 SEMINOLE, FL 33772 City Zip Code 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 irginia SIGNATURE . agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Addition ☐ Change TITLE Delete TITI F JACKSON, VIRGINIA A NAME NAME STREET ADDRESS 11447 PARK BLVD., #210 STREET ADDRESS SEMINOLE, FL 33772 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Virginia Mi

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