'2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 21, 2006 08:00 AM Secretary of State DOCUMENT # L99000001593 1. Entity Name SPIGOV II, L.L.C. Mailing Address Principal Place of Business 2542 WILLIAMS BOULEVARD ATTN: LEGAL DEPARTMENT KENNER LA 70062 2542 WILLIAMS BLVD. KENNER LA 70062 2. Principal Place of Business 3. Marling Address Suite, Apt #, etc. Suite, Apt. II, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FE1 Number 52-2155541 Not Applies Ζp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GART, DAVID A Street Address (P.O. Box Number is Not Acceptable) SHUTTS & BOWEN 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401 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 according the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. THILE ☐ Delete THILE ☐ Change ☐ Add моям NAME NAME SPIAPT, INC. STREET LAUDRESS 2542 WILLIAMS BLVD. STREET ADDRESS U00000442730 CITY-ST-ZIP CHY-ST-ZIP KENNER LA 70062 03/04/06_80032-021_50.08 ☐ Change □ A¢ TATLE ☐ Delete 111115 NAM DAME STREET ADDRESS STREET ADDRESS CITY-ST-AP CHY-SI-ZIP ☐ Change □ Print TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-57-212 DITY-ST-ZIP ☐ Change ☐ Aác ☐ Delete 717) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-78P CITY-ST-ZIP ☐ Change □ Aŵ" TITLE ☐ Defete RITLE NAME NAME STREET ADDRESS STREET ADDRESS Cary-St-21P CUTY - ST - ZC ☐ Change ☐ Adir 71717 ☐ Delete DDE DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oals; 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.

Guy M. ChERAMIE 2/8/06 5044716

FILED