2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # M05000004544 918 SOUTH PACIFIC, LLC Principal Place of Business Mailing Address **422 N. BAYLEN STREET** 422 N. BAYLEN STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 01122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0930439 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALL, BRADEN K JR DO NOT WRITE 226 PALAFOX PLACE, NINTH FLOOR PENSACOLA, FL 32502 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. TITLE REBUILDING AMERICA, INC. STREET ADDRESS 422 N. BAYLEN STREET C33Y-S3-769 PENSACOLA, FL 32501 TITLE NAME U00000398592 01/31/0G-80004-004 50.00 STREET AUDRESS CITY-ST-ZIP TIFLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-772 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

ROBIN VERGE

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

SIGNATURE:

FILED