## 2006 LIMITED LIABILITY COMPANY

## FILED May 22, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L00000000423 1. Entity Name ARLENE INVESTMENTS, L.L.C. Malling Address Principal Place of Business 10234 SCOTT MILL RD 10234 SCOTT MILL RD US JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 04242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent YEGELWEL, ARLENE DO NOT WRITE 10234 SCOTT MILL RD JACKSONVILLE, FL 32257 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. fMOTE: Registered Agent signature required when reinstailing) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 8. MGRM TATLE U0000056**5**684 YEGELWEL ARLENE MANAG 05/22/06-80008-009 50.00 STREET ADDRESS 10234 SCOTT MILL RD JACKSONVILLE, FL 32257 CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STITLET ADDRESS City-St-Zir TITLE NAME STREET ADDRESS CHY-ST-ZIP

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 eath; 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 808, Florida Statutes.

MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: