2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # L00000001621 1. Entity Name FREE2BEE.COM L.L.C. Mailing Address Principal Place of Business 934 NORTH UNIVERSITY DRIVE 934 NORTH UNIVERSITY DRIVE SUITE 110 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. if, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-0981268 Not Applicat \$5.00 Additional Country Zìo Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAYNE, KIRK Street Address (P.O. Box Number is Not Acceptable) 934 NORTH UNIVERSITY DRIVE, SUITE 110 SUITE 110 **CORAL SPRINGS FL 33071** Zip Code City 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 to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. DATE Signature, typed or printed name of registered agent and life if applicable (MOTE: Registered Agent signature required when reinstating) U00000500233 FILE NOW!!! FEE IS \$50.00 04/25/06-80014-009 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10 □ Add TITLE MGR ☐ Delete HILE ☐ Change NAME NAME LAYNE, KIRK STREET ADDRESS STREET ADDRESS 937 N UNIVERSITY DRIVE City-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change □ Ad. □ Delete HILE **THIF** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change ☐ AG ☐ Delete TITLE 3.1757 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZAP Ad. ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CETY-SI-ZIP ☐ Change ☐ Adm Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Aú ☐ Delete BILE NAME NAME STREET ADORESS STREET ADDRESS CRTY-ST-ZIP ETTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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 path, that I am a managing member or manager of ... If it is important to the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

KIRK LANGE 4.4.00 934688-31