2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM Secretary of State CUMENT # L00000002426 BIANNA, L.C. ۶ cal Place of Business Mailing Address P.O. BÓX 10805 TALLAHASSEE FL 32302 CAST PARK AVE LAHASSEE FL 32301 2 icipal Place of Business 3. Mailing Address ile. Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State & State 4. FEI Number Applied For 59-3627810 Not Applicat Country 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 CHRISTMAS, STUART A Street Address (P.O. Box Number is Not Acceptable) 2984 WELLINGTON CIRCLE TALLAHASSEE FL 32309 City Zip Code 8. 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 colloations of registered agent. S TURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITI MGRM ☐ Delete TITLE ☐ Change ☐ hōōōu. NAt JOHNSON, JON E NAME STR 537 E. PARK AVENUE STREET AGORESS CIT TALLAHASSEE FL 32301 CITY-ST-ZIP 7171 MGRM TITLE Delete Change ☐ Add™ NAN JOHNSON, ELIZABETH NAME STR STREET ADDRESS 537 E. PARK AVENUE CIT TALLAHASSEE FL 32301 CITY-ST-ZIP TiTL ☐ Relete ταιε ☐ Change Addino NAL U00000337988 01/30/06-80077-008 50.00 STR STREET ADDRESS CID CITY-ST-ZIP TITL □ Delete 7371.5 ☐ Change Addition | NAN NAME STRI STREET ADDRESS CITY CATY-ST-ZIP שונו Delete $\pi\pi\epsilon$ ☐ Change Addit/on NAME STRE STREET ADDRESS CITY CITY - ST-ZIP TOTAL Delete 1131 F ☐ Change Addition STARS NAME STRE STREET ADDRESS

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Teby 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 information at the case of the same legal effect as if made under oath, that I am a managing member or manager of the

empowered to execute this report as required by Chapter 608, Florida Statutes

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ted liability company or the receiver or trus

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