2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Mar 28, 2006 8:00 am Secretary of State **DOCUMENT # L00000002781** 03-28-2006 90012 038 ****55.00 NEW SOUTH VENTURES I, L.L.C. Principal Place of Business Mailing Address 7339 PERIWINKLE DRIVE 20021613 7339 PERIWINKLE DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1100049 Not Applicable Zip 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 ARNOLD, GARY J Street Address (P.O. Box Number is Not Acceptable) 7339 PERIWINKLE DRIVE SARASOTA, FL 34231 City 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 accept the obligations of registered agent. SIGNATURE 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ■ Addition ARNOLD, GARY J NAME NAME STREET ADDRESS 7339 PERIWINKLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 MGRM MLE ☐ Delete TITLE ☐ Change ☐ Addition CAMPBELL, ROB NAME NAME STREET ADDRESS 3407 GULF MEAD DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP MGRM TITLE □ Delete TITLE ☐ Addition 5/68 SANLY Shope Avenue SARASOFA, FL 34242 NAME J-TECH MANAGEMENT, LLC NAME STREET ADDRESS STREET ADDRESS **5020 RIEGELO HARBOR ROAD** CITY-ST-ZIP CITY-ST-ZIP CARAGOTA; FL 3424Z TITLE ☐ Delete TITLE Change ☐ Addition WORTHINGTON, NORMAN A III NAME NAME **4074 ROBERTS POINT ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-70 SARASOTA, FL 34242 CITY-ST-ZIP Delete TITLE TILE Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP 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 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.

FILED