2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 31, 2006 8:00 am Secretary of State **DOCUMENT # L0000003000** 07-31-2006 90143 026 ****50.00 1. Entity Name PEE, LLC Mailing Address Principal Place of Business 3619 S. CARROLLTON AVENUE **3619 S. CARROLLTON AVENUE NEW ORLEANS, LA 70118 NEW ORLEANS, LA 70118** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 62-1814376 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT Street Address (P.O. Box Number is Not Acceptable) 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547 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 accept the obligations of registered agent DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition TITLE ☐ Delete BU S NAME LEVY, MARC NAME 3619 S. CARROLLTON AVENUE STREET ADORESS STREET ADDRESS CITY-ST-7/P NEW ORLEANS, LA 70118 CITY-ST-ZIP Change Addition TITLE Delete TITLE MANAG NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-7IP 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.

FILED

ATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE