2606 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 10, 2006 08:00 AN DOCUMENT # L00000013805 Secretary of State 1. Entity Name RONALD J. PINTA, L.L.C. Mailing Address Principal Place of Business 5038 OAK ISLAND RD 5038 OAK ISLAND RD BELLE ISLE, FL 32809 BELLE ISLE, FL 32809 01032006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3367652 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PINTA, RONALD J DO NOT WRITE 5038 OAK ISLAND ROAD ORLANDO, FL 32809 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. Signature typed or printed name or registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM PINTA, RONALD J TRUSTEE NAME 5038 OAK ISLAND ROAD STREET ADDRESS BELLE ISLE, FL 32809 CITY-ST-ZIP 1100000381473 TITLE 01/11/06-80055-011 50.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-7P nn F NAME STREET ADDRESS CITY-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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustage empowered of execute this report as required by Chapter 608, Florida Statutes.

6-2006