2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP nn e

STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT **FILED** Jan 10, 2006 08:00 AN Secretary of State **DOCUMENT # L00000016124** PAONE VENTURES, LLC Principal Place of Business Mailing Address **166 SPYGLASS LANE** 1120 BETHLEHEM PK JUPITER, FL 33477 BOX 280 SPRING HOUSE, PA 19477 01042006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067885 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9, MANAGING MEMBERS/MANAGERS MGRM TITLE PAONE, SALVATORE S NAME 166 SPYGLASS LANE STREET ADDRESS CATY-ST-ZIP JUPITER, FL 33477 TITLE 1000000381301 NAME 01/11/06-80048-010 50.00 STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE STREET ADDRESS

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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(215)542 -SIGNATURE:

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