2006 LIMITED LIABILITY COMPANY

FILED Feb 03, 2006 8:00 am Secretary of State

| C2-03-2006 90080 020 ****50.00 | | ANNUA | L REPORT | | |) | Secreta | ny u | 11 1514 | acc |
|---|--|--|---|---|--|---|--|---------------------------------------|------------------------|--------------------|
| 2019 Dute North State | 1. Entity Nan | ne | | S. Mary | | | 02-03-2006 | 90080 02 | 20 ****5(|).00 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 2645 DOUG SUITE 400 | LAS ROAD | 2645 DOUGLAS ROAD SUITE 400 | | | | I GRIVI (VVII ORIH RVIII DR | m svil čaju sa | | |
| City & State City & State Address of New Registered Agent City & FL Zip Code The above named entity submits this statement for the purpose of changing its registered of difference or registered agent, or both, in the State of Florida. Tam familiar with, and accept the he helpidose of registered agent. SIGNATURE Thing Foe is \$50.00 The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the helpidose of registered agent. SIGNATURE Thing Foe is \$50.00 The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the helpidose of registered agent. SIGNATURE Thing Foe is \$50.00 The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the helpidose of registered agent. SIGNATURE Thing Foe is \$50.00 The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the helpidose of registered agent. The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the helpidose of registered agent. The purpose of registered agent. The purpose of changing its registered of the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the or registered agent, or both, in the State of Florida. Tam familiar with, and accept the or registered agent, or both, in the State of Florida. The purpose of registered agent. | 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | |
| Express Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052006 | Chg-LLC | CR2E0 | 83 (11/05) | | |
| E. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code | City & Star | te | City & State | | | | | · | | |
| Name | Zip | Country | Žip | Country | | 5. Certificate | of Status Desired | | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code | | 6. Name and Address of Curren | t Registered Agent | | <u></u> | 7. Name and | Address of New R | Registered A | gent | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu | 1200 SOU | TH PINE ISLAND ROAD | | _ | | P.O. Box Numb | er is Not Acceptable | e) | | <u>-</u> |
| 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 Ficrida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Suprature, typed or purises name of impassived spens and till a such action. (MOTE Repussed Agent synapse impassed when recisions) DATE | | | | | City | · - | | FI | Zip Code | e |
| Suprairies Suprairies name of legistered Agent and title 4 speckatable. NOTE Registered Agent suprairies required whem rendating) DATE | | | for the purpose of changing its | registered o | office or register | ed agent, or bo | th, in the State of Flo | | amiliar with, | and accept |
| Filing Foe is \$50.00 Due by May 1, 2006 9. MANAGING MEMSERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR PRITCHARD, JOYCE 2645 DOUGLAS ROAD MIAMI, FL 33133 TITLE MGR MGR MGR MGR MIAMI, FL 33133 TITLE MGR MGR MGR MGR MAME BLYTHE HOLDINGS SIREET ADDRESS SIREET ADR | SIGNATURE | Signature typed or printed game of receivered enemal | (107 | | · | · | | | | |
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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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

O OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/6/06

305-461-3229

Daytime Phone #