2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 12, 2006 08:00 AM Secretary of State DOCUMEN # 101000003170 TOP PRODUCER, L.L.C. Mailing Address Principal Place of Business 2421 NORTH LECANTO HIGHWAY 2421 NORTH LECANTO HIGHWAY LECANTO, FL 34461 LECANTO, FL 34461 04102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-374866\$ Not Applicable \$5.00 Additional 5. Certificate of Status Desired π Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CUNNINGHAM, KEVIN 2421 NORTH LECANTO HIGHWAY LECANTO, FL 34461 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. S-carature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MLMBERS/MANAGERS 8. MGR TITLE CUNNINGHAM, KEVIN 2421 NORTH LECANTO HIGHWAY U00000505487 04/26/06-80117-011 50.00 STREET ADDRESS CHY-S1-ZIP LECANTO, FL 34461 SITLE MAM STREET ADDRESS City-51-zip NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE III) F NAME STREET ADDRESS CITY-ST-ZIP 3111 STREET ACCRESS

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 oalls; 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 603, Florida Statutes.

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

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STREET ADDRESS
CITY-SI-ZIP

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