2006 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CTY-ST-7/2 TILLE NAME STREET ADDRESS CXTY~ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # L01000003443** 1. Entity Name DUYN CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 245 NORTH HAVANA ROAD 245 NORTH HAVANA ROAD VENICE, FL 34292 VENICE, FL 34292 01132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE DUYN, ALLEN 245 NORTH HAVANA ROAD VENICE, FL 34292 IN THIS SPACE 3. 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9 MGR TILLE DUYN, ALLEN NAME 11000000532869 STREET ADDRESS 245 NORTH HAVANA ROAD 05/06/06-80100-021 50.00 CITY-ST-ZIP VENICE FL 34292 me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE

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

SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date