2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED... Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # L01000007184 1. Entity Name TFP - CLADDAGH, LLC Mailing Address Principal Place of Business 3997 AMERICA AVE. JACKSONVILLE BEACH FL 32250 3997 AMERICA AVE. JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 59-3740838 Not Applicat Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILAM & HOWARD, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET **SUITE 2900** JACKSONVILLE FL 32202 Zip Code 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. (NOTE, Registered Agent signature required when reinstalling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Agu." MGRP Change TITLE Delete TITLE NAME NAME FENNELL, MATTHEW F STREET ADDRESS STREET ADDRESS 3997 AMERICA AVE. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Change ☐ Addiii TITLE ☐ Delete TITLE NAME 1000394660 NAME PETWAY, THOMAS F IV 01/26/06-80019-023 50.00 STREET ADDRESS STREET ADDRESS 1740 LIVE OAK LANE CITY-ST-ZIP CITY - ST - ZIP ATLANTIC BEACH FL 32233 🔲 Change 💹 🔠 🚟 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change D Assess TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Defete nne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition RITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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.

MATTHEW

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

904-813-1728