2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

May 11, 2006 8:00 am Secretary of State **DOCUMENT # L01000008025** 1. Entity Name 05-11-2006 90019 005 ****55.00 A & E MOBILE HOME REPAIR AND ALUMINUM, L.L.C. Principal Place of Business Mailing Address 56 MCALISTER DR. ORMOND BEACH FL 32174 56 MCALISTER DR. ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business 1046 REED CANAL ROAD 1046 REED CANAL ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 50. DATIONA DAYTONIA City & State 4. FEI Number Applied For City & State NO-T APPLICABLE Not Applicable Country Country \$5.00 Additional 5. 'Certificate of Status Desired 32119 6574 3Í119 6574 USA USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, TED E 56 MCALISTER DR. Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 S. DAYTONA 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Delete TITLE 27 ☐ Change Addition BELL TED E CANAL ROAD NAME WOOD, EDWARD W NAME STREET ADDRESS STREET ADDRESS 56 MCALISTER DR. CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 <u>So. Daytena Fl. 32119 6574</u> TITLE Change ☐ Addition TITLE X Delete WOOD EDWARD W. JOHG REED CAWAL ROAD NAME WOOD, CAROLYN L NAME STREET ADDRESS STREET ADDRESS 56 MCALISTER DR. SE DAYTENA, PL 32119 6574 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ☐ Change Dele Addition TULE. NAME -NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED