

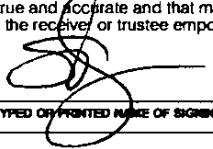


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90047 050 ****50.00

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|--|--|--|---|--|--|
| DOCUMENT # L01000014395 1. Entity Name THE DRISCOLL COMPANY, L.L.C. | | | |  | |
| Principal Place of Business 5633 STRAND BLVD SUITE 311 NAPLES, FL 34110 | | | Mailing Address 5633 STRAND BLVD SUITE 311 NAPLES, FL 34110 | | |
| 2. Principal Place of Business 5621 STRAND BLVD Suite, Apt. #, etc. SUITE 102 City & State NAPLES, FL Zip 34110 | | 3. Mailing Address 5621 STRAND BLVD Suite, Apt. #, etc. SUITE 102 City & State NAPLES, FL Zip 34110 | |  | |
| Country COLORED | | Country COLORED | | 4. FEI Number 59-3740194 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WRIGHT DRISCOLL, STEPHANIE 3240 POTOMAC COURT NAPLES, FL 34120 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 re-registering) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DRISCOLL, JOHN J 3240 POTOMAC CT NAPLES, FL 34120 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DRISCOLL, STEPHANIE W 3240 POTOMAC CT NAPLES, FL 34120 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  <div style="float: right; text-align: right;"> (289) 4/20/06 2549263 </div> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | |