2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT FILED Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # L01000018190 1. Entity Nâme LARMIC L.L.C. Principal Place of Business Mailing Address 13404 S.W. 104 LN P.O. BOX 47512 DUNNELLON, FL 34432 SAINT PETERSBURG, FL 33743 04102006 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. PEI Number 22-3838071 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOTT, LAWRENCE M DO NOT WRITE 13404 S.W. 104 LANE DUNNELLON, FL 34432 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 1/00000509582 14/28/06-80048-024 50.00 9. MANAGING MEMBERS/MANAGERS TITT F MGR LOTT, LAWRENCE M MARKET PO BOX 47512 STREET ADDRESS SAINT PETERSBURG, FL 337437512 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

CICNATION ON AN LITT MARK

STREET ADDRESS City-St-Zip

4-11-06 727-347.7610