2006 LIMITED LIABILITY COMPANY

FILED Apr 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L02000000815 FLORIDA ORANGE SHOP, LLC Principal Place of Business Mailing Address 13300 OKEECHOBEE RD. FT. PIERCE, FL. 34945 13300 OKEECHOBEE RD. FT. PIERCE, FL 34945 01132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 94-3414241 Not Applicable \$5.00 Additional Fee Required 5. Certificate of Status Destred 5. Name and Address of Current Registered Agent SPYKE, PETER D DO NOT WRITE 13300 OKEECHOBEE RD. FT. PIERCE, FL. 34945 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 Superiore, typed or printed name of registered agont and the # application (NOTE: Registored Agent algoriture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000515366 04/29/06-80206-016-50-00 MANAGING MEMBERS/MANAGERS 9. MGRM M/E NAME SPYKE, PETER D STREET ADDRESS 13300 OKEECHOBEE ROAD CITY-ST-ZIP FT PIERCE, FL 34945 TITLE NAME STREET ADDRESS CITY-ST-ZIP mu HAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-209 TITLE MAME

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 end 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP