2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 27, 2006 8:00 am **Secretary of State DOCUMENT #L02000001647** 01-27-2006 90073 008 ****50.00 EINAUGLER FAMILY LLC 20003219 Principal Place of Business Mailing Address 110 SPOONBILL RD. 110 SPOONBILL RD. MANALAPAN, FL 33462 MANALAPAN, FL 33462 3. Mailing Address 16466 Brookfield Estates Way 2. Principal Place of Business 16466 Brookfield Estates Way Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Delray Beach, Florida Delray Beach, Florida 54-2073891 Not Applicable Zip 33446 Country USA \$5.00 Additional 33446 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONATHAN J. LICHTMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 120 E PALMETTO PARK RD **SUITE 100** BOCA RATON, FL 33432-0000 City Zip Code FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR IIIIE ☐ Delete TITI F Mar ☐ Addition EINAUGLER; RICHARD NAME NAME EINAUGLER, RICHARD STREET ADDRESS 110 SPOONBILL RD. STREET ADDRESS 16466 Brookfield Estates Way CITY-ST-7IP MANALAPAN, FL 33462 CITY-ST-7IP Delray Beach, FL 33446 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true and accurate and that professional formation indicated on this report is true.

SNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MLE

NAME

RICHARD EINAUGLER

Delete

CITY-ST-79P

STREET ADORESS

CITY-\$1-ZIP

TITLE

NAME

(561) 637-6852

FILED

Daytime Phone #

☐ Change

☐ Addition