2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT May 01, 2006 08:00 AM Secretary of State DOCUMENT # L02000002410 1. Entity Name PLACO, LLC Principal Place of Business Mailing Address 4933 TAMIAMI TRAIL NORTH, STE. 300 4933 TAMIAMI TRAIL NORTH, STE. 300 NAPLES, FL 34103 NAPLES, FL 34103 CR2E083 (11/05) 01312008 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2158523 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent GARRETT, DONALD F DO NOT WRITE 5551 RIDGEWOOD DRIVE STE 101 NAPLES, FL 34108 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, 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME GARRETT, DONALD F 4933 TAMIAMI TRAIL NORTH, STE. 300 STREET ADDRESS CITY-57-ZIP U00000548402 05/12/06-80062-014 55.00 NAPLES, FL 34103 TITS É HAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI Ē IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information applied with this fiting 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 expurate 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-expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPES OF

me NAME STREET ADDRESS CITY-ST-ZIP

> Mar. PRINTED HAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.27.06