2006 Limited Liability Company **FILED ANNUAL REPORT** Jan 23, 2006 08:00 AM OCUMENT # L02000003903 **Secretary of State** IKE REKUS, LLC ncipal Place of Business Mailing Address P. O. BOX 720 275 95TH ST O\_BOX 720 FELLSMERE, FL 32948 US TISMERE, FL 32948 01142006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE ּןֹעָאַ[ 4. FEI Number 37-1425204 Not. \$5.00 Addition 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EKUS, MICHAEL S DO NOT WRITE 4275 95TH ST BLLSMERE, FL 32948 IN THIS SPACE 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, a the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS **MGRM REKUS, MICHAEL \$** ILLI ADDRESS 14275 95TH ST T-\$1-75 FELLSMERE, FL 32948 U00000398075 01/30/06-80081-005 50.00 DIET ADDRESS IIY-51-ZIP REET ADDRESS DO NOT WRITE 17-ST-ZIP IN THIS SPACE KEET ADDRESS TY-ST-ZIP MEET ADDRESS

Thereby 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 in 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 managing interest in the information of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

His part of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TY-ST-ZIP

REET ADDRESS