2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90030 040 ****55.00

DOCUMENT # L02000007190
1. Entity Name
FLORENCIA OF PERDIDO KEY LLC

Principal Place of Business	Mailing Address
14900 RIVER ROAD PENSACOLA, FL 32507	PO BOX 7430 SPANISH FORT, AL 36577

02282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
6301 Monroe Street			
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc.	
City & State Daphne, AL		City & State	
Zip 36526	Country USA	Zip	Country

4. FEI Number 87-0694604 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name NRAI Services Inc.
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive
Suite 4
City Weston FL Zip Code 33331

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 by: Lisa Reeves, Assist Sec — DATE 2/28/06
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRELAND,JR., CHARLES K 6301 MONROE STREET DAPHNE, AL 36526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Charles K. Breland Jr. — 3/13/06 — (251) 626-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #