2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # L02000014452 **Secretary of State** 1. Entity Name PJ KLATT MJ PLATT AND JP ADAMS, LLC Principal Place of Business Mailing Address 501-511 CYPRESS GARDENS BLVD 764 SANTA MARIA DRIVE WINTER HAVEN FL 33884-3805 1619 6TH ST SE WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 01-0718976 Not Applicat Ζip Country Ζıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLATT, PHILLIP J Street Address (P.O. Box Number is Not Acceptable) 764 SANTA MARIA DRIVE WINTER HAVEN FL 33884-3805 City Zip Code 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 acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applifuable (NOTE Registered Agent signature required when reinstuting) CK 1348 Paid FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES TITLE MGRM गाए ☐ Change ☐ Delete ☐ Add f NAME KLATT, PHILLIP J NAME U00000404689 STREET ADDRESS STREET ADDRESS 764 SANTA MARIA DRIVE 02/07/06-80009-011 50.00 CITY-ST-ZIP WINTER HAVEN FL 33884-3805 CITY-ST-ZIP TITLE ☐ Delete TITLE Change T Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CRY: ST-ZIP TITLE ☐ Defete TITLE Change □ v... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete mtę ☐ Change ☐ Acc NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change □ A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete mie ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C17Y-S1-ZIP CITY ST- ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

24/06 (863)326-13.