2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # L02000014980 1. Entity Name CASTSCAPES, LLC Principal Place of Business Mailing Address 539 OLIVE ST. 539 OLIVE ST. SOUTH DAYTONA, FL 32117 SOUTH DAYTONA, FL 32117 US 04102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3679182 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, GARRETT L DO NOT WRITE 539 OLIVE ST. SOUTH DAYTONA, FL 32117 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 4/18/2006 JARRIZT Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM TAYLOR, GARRETT L NAME 539 OLIVE ST. STREET ACCRESS 1100000505478 SOUTH DAYTONA, FL 32117 City-ST-ZIP 04/26/06-80114-022 50.00 TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby centify 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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/10/2006