2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 16, 2007 08:00 AN **DOCUMENT # L02000017594 Secretary of State** 1. Entity Name AFTER OURS, LLC Principal Place of Business Mailing Address **500 NOAH LANE 500 NOAH LANE** KEY WEST, FL 33040 KEY WEST, FL 33040 01122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-2825127 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. DO NOT WRITE 4909 MANATEE AVENUE WEST BRADENTON, FL 34209 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 U00000638642 Due by May 1, 2007 02/27/07-80039-016 50.00 MANAGING MEMBERS/MANAGERS g. MGR TITLE NAME WICKMAN, FRED E 500 NOAH LANE STREET ADDRESS CATY-ST-ZIP KEY WEST, FL 33040 TITLE 142480 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF TELE NAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS

11. I hereby 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 inclicated 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP