2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

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Entity Name: PLADO, L.L.C.

Current Principal Place of Business:

4600 TOUCHTON RD. E.
BLDG 100, STE 150
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4600 TOUCHTON RD. E.
BLDG 100, STE 150
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 51-0427209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PLATOCK, BRIAN T
Address: 1640 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM ( ) Delete
Name: MANSUR, AL
Address: 2218 ALICIA LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM ( ) Delete
Name: DONZIGER, MICHAEL TRUSTEE
Address: 8638 PHILLIPS HWY #3
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN PLATOCK MGRM 04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date