2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029106

Entity Name: REMAXCO, L.L.C.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

433 FOUNTAINHEAD CIRCLE 285 310 MORGAN WAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34758

Current Mailing Address: New Mailing Address:

433 FOUNTAINHEAD CIRCLE 285 310 MORGAN WAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34758

FEI Number: 32-0040403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMARA, JOLENE KAY
433 FOUNTAINHEAD CIRCLE 285
KISSIMMEE, FL 34741 US
SAMARA, JOLENE KAY
310 MORGAN WAY
KISSIMMEE, FL 34758 US

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: 04/14/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SAMARA, ABDERRAHMAN Y Name: SAMARA, ABDERRAHMAN Y

Address: 433 FOUNTAINHEAD CIRCLE 285 Address: 310 MORGAN WAY
City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:SAMARA, JOLENE KAYName:SAMARA, JOLENE KAYAddress:433 FOUNTAINHEAD CIRCLE 285Address:310 MORGAN WAYCity-St-Zip:KISSIMMEE, FL 34741City-St-Zip:KISSIMMEE, FL 34758

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: JOLENE KAY SAMARA MGRM 04/14/2006