


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90246 025 ****50.00

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| DOCUMENT # L02000032211 |  |
| 1. Entity Name MARK AUVIL ENTERPRISES, LLC | |

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| Principal Place of Business 12442 89TH PLACE NORTH WEST PALM BEACH, FL 33412 | Mailing Address 12442 89TH PLACE NORTH WEST PALM BEACH, FL 33412 |
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20010351



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| 2. Principal Place of Business 1450 Bell Ave | 3. Mailing Address 1450 Bell Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

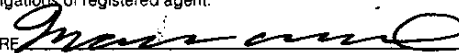
02202006 Chg-LLC CR2E083 (11/05)

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| City & State St. Pierce, FL | City & State St. Pierce, FL |
| Zip 34982 | Zip 34982 |
| Country St. Lucie | Country St. Lucie |

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| 4. FEI Number 05-0549358 | Applied For <input type="checkbox"/> Not Applicable |
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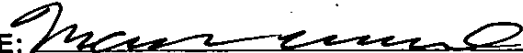
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AUVIL, MARK 12442 89TH PLACE NORTH WEST PALM BEACH, FL 33412 | |
| 7. Name and Address of New Registered Agent Name Auvil, Mark Street Address (P.O. Box Number is Not Acceptable) 12291 88th Place North City West Palm Beach FL Zip Code 33412 | |

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| 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  | DATE 2-21-06 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AUVIL, MARK 12442 89TH PLACE NORTH WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12291 88th Place North West Palm Beach, FL 33412 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing 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. | | |
| SIGNATURE:  | DATE: 2-21-06 | DAYTIME PHONE #: 561-261-0589 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |