2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # L03000000764 **Secretary of State** 1. Entity Name FERN STREET HOLDINGS, L.L.C. Principal Place of Business Mailing Address 219 SO. OLIVE AVE. WEST PALM BEACH FL 33401 219 SO. OLIVE AVE. WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 55-0813572 Not Applicat' Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARKE, JAMES U Street Address (P.D. Box Number is Not Acceptable) 219 SO, OLIVE AVE WEST PALM BEACH FL 33401 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. THE MGR Delete T) F) F Change NAME MAME CLARKE, JAMES U STREET ADDRESS 1515 SOUTH FLAGLER DRIVE SUITE 2104 STREET ADDRESS CMY-SI-ZEP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change TITLE ☐ Addition ☐ Delete TITLE U00000439635 NAME NAME 03/02/06-80009-002 55.00 STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 🔲 NAME NAME SIBLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP COTY-ST-ZIP ☐ Change TITLE ☐ Detote DTLEAddition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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: Farmy a. Carle

2/14/06 581820-0034

FILED