2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # L03000003712 1. Entity Name M. LIFFRIG, LLC Mailing Address Principal Place of Business 9210 HIGHLAND RIDGE WAY 9210 HIGHLAND RIDGE WAY **TAMPA, FL 33647** TAMPA, FL 33647 03072006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1049857 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BURKE, LESLIE 9210 HIGHLAND RIDGE WAY TAMPA, FL 33647 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) DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME STREET ADDRESS U00000509534^M 04/28/06-80047-015 50.00^M CITY- ST-7IP MGRM TALE BURKE, LESLIE A NAME 9210 HIGHLAND RIDGE WAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone 4

FILED