2006 LIMITED LIABILITY COMPANY AINUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR ALL

## Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # L03000009701 S. BINDEROFF FAMILY HOLDINGS, LLC Principal Place of Business Mailing Address 11361 OHANU CIRCLE 11361 OHANU CIRCLE **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 04102008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3706408 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BINDEROFF, SOLOMON DO NOT WRITE 11361 OHANU CIRCLE BOYNTON BEACH, FL 33437 IN THIS SPACE 6. 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. (am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 UODOOOS16120 /29/06-80239-801 MANAGING MEMBERS/MANAGERS 9. MGRM HILE BINDEROFF, SOLOMON 11361 OHANU CIRCLE STREET ADDRESS CiTY-ST-ZIP BOYNTON BEACH, FL 33437 MARKE STREET ADDRESS CHTY-ST-ZIP **STLE** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 717LE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ACCRESS CITY-57-219 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further partify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee erypowered to execute this report as required by Chapter 608, Florida Statutes.

FILED