2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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

Feb 14, 2006 08:00 AM Secretary of State DOCUMENT # L03000024385 1. Entity Name 5685 A1A, LLC Principal Place of Business Mailing Address 5685 S. HIGHWAY ATA **5685 S. HIGHWAY A1A** MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 01162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1201661 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAMIANO, ROBERT L DO NOT WRITE 5685 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and the it applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DAMIANO, ROBERT L NAME STREET ADDRESS 5685 S. HIGHWAY A1A MELBOURNE BEACH, FL 32951 CITY-ST-ZIP TITLE U00000433897 02/24/06-80835-012 58.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ACCRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACORESS CITY-ST-ZIP me 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.

FILED