2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 28, 2006 08:00 AM **DOCUMENT # L03000026396 Secretary of State** 1. Entity Name WRAPPER D, LLC Principal Place of Business Mailing Address 3140 COVENTRY ST. 3140 COVENTRY ST. DELTONA, FL 32738 DELTONA, FL 32738 06152006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1179072 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. DO NOT WRITE 150 MAGNOLIA AVE DAYTONA BEACH, FL 32114 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stansiture required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 000000572697 07/28/06-80009-021 50.00 MANAGING MEMBERS/MANAGERS MGR TILE BRUCKART, DEBRA A NAME STREET ADDRESS 3140 COVENTRY ST. DELTONA, FL 32738 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7(P IN THIS SPACE TID E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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: Delore B. Bruckaut

NAME STREET ADDRESS CITY-ST-ZIP