## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE: By:

SIGNATURE AND TYPED Bry

## SECRETARY OF STATE VISION OF COMPORATIONS DOCUMENT # L03000033053 PALM STATE TITLE OF FLORIDA, LLC 06 JUN 21 AM 9: 40 Principal Place of Business Mailing Address 725 PRIMERA BLVD., SUITE 230 725 PRIMERA BLVD., SUITE 230 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06132006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable 76-0740180 Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARROLL, PATRICIA F Street Address (P.O. Box Number is Not Acceptable) 725 PRIMERA BLVD., SUITE 230 LAKE MARY, FL 32746 Zip Code City 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. DATE (NOTE: Registered Agent alignature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition MGR TITLE Delete TITLE ET INVESTMENTS, LLC NAME ET INVESTMENTS, LLC NAME 999 18TH STREET, STE. 1460 STREET ADDRESS 3033 SOUTH PARKER ROAD, SUITE 110 STREET ADDRESS AURORA, CO CITY-ST-ZIF 80014 CITY-ST-ZIP DENVER, CO 80202 ☐ Addition TITLE ☐ Change ☐ Delete TITLE 100076673051 06/28/06--01013--003 \*\*50 NAME NAME STREET ADDRESS STREET ADDRESS C!IY-ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP ☐ Change Delete ☐ Addition TITLE TITLE & NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 608, Florida Statutes. 6/15/06 303-297-0800

Daytime Phone #

Date