2006 LIMITED LIABILITY COMPANY ANNUAL REPORT AMENDED

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

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000033342** 06 AUG -3 AM 9:50 ROSS FAMILY, L.L.C. Principal Place of Business Mailing Address 11401 STARKEY ROAD 11401 STARKEY ROAD LARGO, FL 34643 LARGO, FL 34643. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **06162006** Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4 FEI Number 20-0204783 Not Applicable Country PinellAs Country Pinellas \$5.00 Additional 5. Certificate of Status Desired 33773 33773 Fee Required 7. Name 20st Address of New Registered Agent ROSS, ALEXANDER L Street Address (P.O. Box Number is Not Acceptable) 11401 STARKEY ROAD LARGO, FL 34643 City Zip Code 33773 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. Amended Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change ☐ Addition TITLE Delete ROSS, NORMAN L JR. NAME NAME **900078528438** 08/03/06--01050--012 **50.00 5824 RIGELS HARBOR ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP MGR. MGR ☐ Change ☐ Addition TITLE Delete TITLE Alexander L. Ross 11401 Strakey Road LARGO, FL 33773 ROSS, ALEXANDER L NAME NAME 11401 STARKEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LARGO, FL 34843... TILLE TITLE □ Delete ☐ Change ☐ Addition NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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