2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# L03000045655

Entity Name: MCMURTRIE AND JOSEPH, LLC

Current Principal Place of Business:

6985 WALLACE ROAD
ORLANOD, FL 32819

New Principal Place of Business:

6985 WALLACE ROAD
ORLANDO, FL 32819

Current Mailing Address:

6985 WALLACE ROAD
ORLANOD, FL 32819

New Mailing Address:

6985 WALLACE ROAD
ORLANDO, FL 32819

FEI Number: 20-0445484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, F. LARRY
6985 WALLACE ROAD
ORLANOD, FL 32819 US

Name and Address of New Registered Agent:

JOSEPH, F. LARRY
6985 WALLACE ROAD
ORLANDO, FL 32819 US

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.

SIGNATURE: _____ 04/14/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOSEPH, F. LARRY
Address: 6985 WALLACE ROAD
City-St-Zip: ORLANOD, FL 32819

Title: MGRM ( ) Delete
Name: MCMURTRIE, HUDSON
Address: 6985 WALLACE ROAD
City-St-Zip: ORLANOD, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOSEPH, F. LARRY
Address: 6985 WALLACE ROAD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change ( ) Addition
Name: MCMURTRIE, HUDSON
Address: 6985 WALLACE ROAD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: F. LARRY JOSEPH MGRM 04/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date