

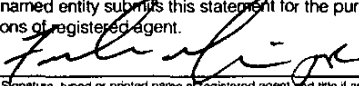
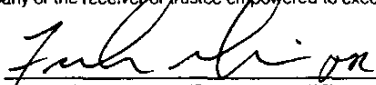


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:17

DOCUMENT # L03000046138 1. Entity Name EXIT I & E REALTY, L.L.C.					
Principal Place of Business 1591 HAYLEY LANE 102 FORT MYERS, FL 33907			Mailing Address 1591 HAYLEY LANE 102 FORT MYERS, FL 33907		
2. Principal Place of Business 3501 DEL PRADO BLVD.		3. Mailing Address 3501 DEL PRADO BLVD			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL			
Zip 33904		Country LEE		04192006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-0409425		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SPEAR, TIMOTHY P 1591 HAYLEY LANE 102 FORT MYERS, FL 33907	
7. Name and Address of New Registered Agent Name FRANCIS GERACI, JR. Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD, SUITE 100 City CAPE CORAL FL Zip Code 33904				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  DATE 4/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM I & E GROUP, INC. 1591 HAYLEY LANE STE 102 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM I & E HOLDINGS, LLC 2705 SW 12TH AVE. CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEAR, TIMOTHY P 1591 HAYLEY LANE STE 102 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100074179581 05/08/06--01024--029 **\$0.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 				Date 4/19/06 Daytime Phone #	