~ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 08:00 Al Secretary of State **DOCUMENT # L03000047493** 1. Entity Name MAIDS 2 ORDER LLC Principal Place of Business Mailing Address 37731 FELKINS ROAD 37731 FELKINS ROAD LEESBURG, FL 34788 LEESBURG, FL 34788 US CR2E083 (11/05) 01092007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0083141 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULHOLLAND, CHERIE L DO NOT WRITE 37731 FELKINS ROAD LEESBURG, FL 34788 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 aignature required when rematating) Filing Fee is \$50.00 Due by May 1, 2007 U00000728888 05/08/07-80018-009 50.00 9, MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME MULHOLLAND, CHERIE L STREET ADDRESS 37731 FELKINS ROAD LEESBURG, FL 34788 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE THIS SPA NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.