2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L0400000670 04-17-2006 90031 021 ****50.00 1. Entity Name ROGER CALDWELL, LLC Mailing Address **400000000** Principal Place of Business 2822 PROCTOR RD., SUITE A 2822 PROCTOR RD., SUITE A SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0721060 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDWELL, ROGER Street Address (P.O. Box Number is Not Acceptable) 2822 PROCTOR ROAD, SUITE A SARASOTA, FL 34231 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** ☐ Change ☐ Addition TITLE ☐ Delete TITI F CALDWELL, ROGER NAME STREET ADDRESS 2822 PROCTOR RD., SUIE A STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP SARASOTA, FL 34231 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Chance □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME STREET ADDRESS

CITY-ST-ZIP

ROGER E. CACDUKLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED