2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000000698 01-17-2006 90064 016 ****50.00 1. Entity Name LOPÉZ HOLDING COMPANY, L.L.C. Principal Place of Business Mailing Address 20001085 2843 ALTERNATE 19 **2843 ALTERNATE 19** PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State City & State 4 FFI Number Applied For 65-0186657 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, BERNARD R Street Address (P.O. Box Number is Not Acceptable) **2843 ALTERNATE 19** PALM HARBOR, FL 34683 Zip Code 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. ☐ Delete TITLE Change TITLE ■ Addition LOPEZ, BERNARD R NAME NAME LOPEZ, BERNARD R STREET ADDRESS **2842 ALTERNATE 19** STREET ADDRESS 2843 ALTERNATE 19 PALM HARBOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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 fequired by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR P

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FILED

Jan 17, 2006 8:00 am