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006 LIMITED LIABILITY COMPAN ANNUAL REPORT	Υ	May 01, 2006 8:00 an Secretary of State
MENT #1 04000003943	(10 Sec.)	05-01-2006 90064 011 ****50 00

DOCUMENT # L04000002812 1. Entity Name PRICE INDUSTRIES, LLC				05-01-2006 90064 011 ****50.00							
Principal Plac	ce of Busines	ss	Mailing Address			=		~007	10/40		
11632 HIGH STREET, STE B SEBASTIAN, FL 32958		11632 HIGH STREET, STE B SEBASTIAN, FL 32958			4 1 4 6 (1814 - 1874 - 1	ı Bin Bibli Geril Geril Bâlı	# • • III	4 0 2004 11010 321			
Principal Place of Business 3. Mailing Address		3. Mailing Address	tress								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172006	Chg-LLC	CR2E083	(11/05)			
City & Stat	te	,	City & State				4. FEI Number 20-0689			No	oplied For ot Applicable
Zip	2 None	Country	Zip	Coun	Country			of Status Desired	Fe	5.00 Add e Require	
	6. Name	e and Address of Current R	iegistered Agent		Name		7. Name and A	Address of New R	egistered Age	ent	
DAVIS, JO											
601 WIMB SEBASTIA					Street Add	dress (F	P.O. Box Number	is Not Acceptable)		
					City		FL Zip Code				
8. The above the obligat	e named entit tions of regist	ty submits this statement for stered agent.	the purpose of changing its	registere	ed office or re	egistere	ed agent, or both	, in the State of Flo		niliar with,	and accept
SIGNATURE .	Signature, typex	d or printed name of registered agent an	nd title if applicable (NOTi	E Registere	id Agent signature	periuper e	when reinstating)		DATE		<u> </u>
Filing Fee is \$50.00 Due by May 1, 2006			-				e check pay Department		è		
9.	T	MANAGING MEMBER	S/MANAGERS	10.			100	ADDITIONS/	CHANGES	800000000000000000000000000000000000000	
TITLE NAME	MGR DAVIS, JO	OE 0	☐ Delete	TITLE				_		Change	Addition
STREET ADDRESS CITY-ST-ZIP	11632 HIC	GH STREET, STE B AN, FL 32958			E Et address - St-Zip						
TITLE NAME	0.0.0			TITLE					С] Change	Addition
STREET ADDRESS CITY-ST-ZIP					E Et address - St-Zip						
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NAME				NAME					_) Onenge	LJ Audioon
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				<u> </u>		
TITLE	1		☐ Delete TITLE							Change	Addition
NAME STREET ADDRESS	ĺ			NAME	E ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE	i		☐ Delete	TITLE] Change	☐ Addition
NAME STREET ADDRESS	1			NAME STREE	ET ADDRESS						
CITY-ST-ZIP	L				-ST-ZIP						
11. I hereby c	certify that the	e information supplied with the	his filing does not qualify for nat my signature shall have t	the exer	nptions conta	ained in	Chapter 119, Floods upder settle	orida Statutes. I fur	ther certify tha	at the infor	mation

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAL JULIUM JEE PDRVIS 4-28-06 772-581-8591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #