2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L04000003740 1. Entity Name SHANTZ ENTERPRISES LLC Principal Place of Business Mailing Address 143 NARANIA ROAD 143 NARANIA ROAD DEBARY, FL 32713 DEBARY, FL 32713 03222006 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 20-0601866 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHANTZ, SCOTT A 143 NARANJA ROAD **DEBARY, FL 32713** 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 life it applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS . MGR TITLE NAME SHANTZ, SCOTT A STREET ADDRESS 143 NARANJA ROAD C374-S1-27P DEBARY, FL 32713 TIRE 000000547155 05/12/06-80012-825 50.00 NVME STREET ADDRESS CITY-ST-ZIP RRE NAME STRIFT ADDRESS CITY-ST-ZIF TITLE , 1000 miles (1944) 1945 NAME STREET ADDRESS CITY-ST-7P TITLE MARKE STREET ADDRESS CHY-ST-ZP title NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 Wability company or the receiver or bustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CED REPRESENTATIVE

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