2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT #L04000004193** 04-24-2006 90061 043 ****50.00 JEE STUDIOS OF FLORIDA, LLC Principal Place of Business Mailing Address 9850 LAUREL VALLEY 9850 LAUREL VALLEY WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. EEI Number APPLIED FOR 32-0104698 Not Applicable Ζip 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 603 MAIN ST WINDERMERE, FL 34786-1100 Street Address (P.O. Box Number is Not Acceptable) City 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 Sphature, typed or printed regree 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 ADDITIONS/CHANGES 9. 10. ħπF MGRM TITLE ☐ Change ☐ Addition ☐ Delete ENGLISH, JAMES E NAME NAME STREET ADDRESS 9850 LAUREL VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP MGR TITLE TITLE ☐ Delete Change | Addition ENGLISH, JUSTIN E NAME NAME STREET ADDRESS 9850 LAUREL VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete ΠΊΙΕ ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 4-13-06

FILED

407-8762200

IG MANAGRIG MEMBER, MANAGER, OR AUTHORIZED REFRESENTATIVE

SIGNATURE:

TURE AND TYPED OR PRINTED NAME