2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT #L04000006559** 04-03-2006 90068 033 ****50 00 1. Entity Name RLM, LLC Principal Place of Business Mailing Address 20023742 222 S. PENNSYLVANIA AVENUE, SUITE 200 222 S. PENNSYLVANIA AVENUE, SUITE 200 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-0693476 Not Applicable Zip 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 Name Richard Lee Barrett SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVENUE, SUITE 200 18 Wall Street WINTER PARK, FL 32789 City Orlando 32801 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. 3/29/2006 Barrett Richard SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 TITLE MGR nn e ☐ Delete ☐ Change ☐ Addition VON BAMPUS, RAY E. NAME NAME STREET ADDRESS 1151 STOWE DRIVE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change ■ Addition MONTELEONE, WILLIAM B. NAME NAME STREET ADDRESS 8778 BELLIDO CIRCLE STREET ADDRESS CITY-ST-7IP BOYNTON BEACH, FL 33437 CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME BARRETT, RICHARD LEE NAME STREET ADDRESS 18 WALL STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Delete TITLE MGR TITLE ☐ Change ☐ Addition NAME STRUBE, JR, DON NAME 2814 SILVER STAR ROAD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STRUBE, STEVEN NAME NAME 2814 SILVER STAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32808 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lee Barrett.

FILED