2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008664

1. Entity Name
NO PROBLEM HOMEBUYERS, LLC

Principal Place of Business	Mailing Address
204 JESSIE LEE COURT GREEN COVE SPRINGS, FL 32043	204 JESSIE LEE COURT GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04072006   Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
35-2223704	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

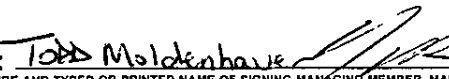| **6.** Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MOLDENHAUER, TODD 204 JESSIE LEE COURT GREEN COVE SPRINGS, FL 32043	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLDENHAUER, TODD 204 JESSIE LEE COURT GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLDENHAUER, JUDITH 204 JESSIE LEE COURT GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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.

SIGNATURE: Todd Moldenhauer   4-11-06   904-291-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #