2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 02, 2006 8:00 am Secretary of State DOCUMENT # L04000012014 1. Entity Name 05-02-2006 90029 013 ****50.00 FLASHLIGHT ENDEAVORS, LTD., CO. Principal Place of Business Mailing Address 1301 MAIN STREET PO BOX 670 CHIPLEY FL 32428-0670 CHIPLEY FL 32428 2. Principal Place of Business Mailing Address Suite, Apt. # Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State Applied For 20-0683154 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name BRUCKNER, THOMAS II Street Address (P.O. Box Number is Not Acceptable) 1301 MAIN STREET CHIPLEY FL 32428 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, typed or printed name of registered again and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ■ Addition NAME BRUCKNER, THOMAS II NAME STREET ADDRESS PO BOX 670 STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428-0670 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ Delete__ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TUBE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Section 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:

1-27-06 638.8363