2006 LIMITED LIABILITY COMPANY

STRLL? ADDRESS CITY-ST-ZIP $m_{\rm L}$ MAME STREET ADDRESS CITY ST-ZIP am NAME STREET ADDRESS CITY-ST-ZIP

Mar 23, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000015472 1. Entity Name AT YOUR SERVICE, L.L.C. Principal Place of Business Malfing Address 3209 SOUTHEAST 39 AVENUE PO BOX 6213 OCALA, FL 34471 OCALA, FL 34478 03132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1742630 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADLEY, SHIRLEY J DO NOT WRITE 3209 SOUTHEAST 39 AVENUE OCALA, FL 34471 IN THIS SPACE 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 refretation) Filing Fee is \$50.00 UDDDDD0478372 Due by May 1, 2006 04/08/06-80003-007-50.00 9. MANAGING MEMBERS/MANAGERS HILE MGRM BRADLEY, SHIRLEY J NAME STREET ADDRESS 3209 SOUTHEAST 39 AVENUE CITY -ST-ZIP **OCALA, FL 34471** me NAME STREET ADORESS CITY-ST-ZIP RRLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP SILE IN THIS SPACE NAME

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11. I horeby certify that the information supplied with this (fling 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 eath; 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: