2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Jun 26, 2006 8:00 am Secretary of State **DOCUMENT # L04000016673** 05-08-2006 90038 045 ****55.00 R. PATTERSON, LLC Mailing Address Principal Place of Business 265 EAST LIVINGSTON STREET MADISON FL 32340 305 EAST LIVINGSTON STREET MADISON FL 32340 RETTIONS 2. Principal Place of Business 3. Mailing Address 205091854 CR2E083 (10/05) Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable Zip Country Zio 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 PATTERSON, RONALD J Street Address (P.O. Box Number is Not Acceptable) 34/ 385 E. LIVINGSTONE STREET MADISON FL 32340 City Zip Code FI 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 regists SIGNATURE FILE NOW!!! FEE'IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM October Addition NAME PATTERSON, RONALD J MANA STREET ADDRESS 305 E. LIVINGSTONE STREET STREET ADDRESS CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP Delete EITLE TITEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/1Y-ST-7/2 TITLE ☐ Delete THE Change Addition MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP Change - Addition TITLE Delete TIFLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-71P ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STO .635 CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qua indicated on this report is true and accurate and that my signature shall I limited liability company or the receiver or trustee empowered to execute to ontained in Section 119, Florida Statutes, I further certify that the information ffect as if made under oath; that I am a managing member or manager of the J by Chapter 608, Florida Statutes. 850 873 4242 SIGNATURE:

FILED