2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000018466 FILED 1. Entity Name NINA CAMERON DANCENTER, LLC 06 FEB 22 PH 2:58 Principal Place of Business Mailing Address SECNE WHY DE STATE 16517 N.E. 2ND STREET 5003 NW 34TH STREET TALLAHASSEE, FLORIDA US GAINESVILLE, FL 32609 SUITE B GAINESVILLE, FL 32605 01042006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0916462 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent CAMERON, KARANINA K DO NOT WRITE 5003 NW 34TH STREET SUITE B IN THIS SPACE GAINESVILLE, FL 32605 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CAMERON, KARANINA K NAME STREET ADDRESS 16517 N.E. 2ND STREET GAINESVILLE, FL 32609 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS 300066703163 CITY-ST-7IP 02/27/06--01035--001 **55.00 TITLE STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 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.