2006 LIMITED LIABILITY COMPANY

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000025903** 05-03-2006 90027 013 ****50.00 LANDNET EXPRESS, LLC Principal Place of Business Mailing Address 2431 ALOMA AVENUE, SUITE 225 2431 ALOMA AVENUE, SUITE 225 WINTER PARK, FL 32792 WINTER PARK, FL 32792 60035238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6 04282006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 32-0109180 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, CHARLES E CPA Street Address (P.O. Box Number is Not Acceptable) C/O NEWMAN & ASSOCIATES, P.A., CPA'S 707 E. COLONIAL DRIVE ORLANDO, FL 32803 City 7ip 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change Change TITLE TITLE ☐ Addition ☐ Delete CAAMANO, RAFAEL NAME NAME 14408 CLANKGON DI STREET ADDRESS 1216 CENTER KEY ROAD, #912 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327926931 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Addition CAAMANO, MARIA NAME NAME 14408 Clarkson Dr 1216 CENTER KEY ROAD, #912 STREET ADDRESS STREET ADDRESS WINTER PARK, FL 327926931 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Defete TITLE ☐ Addition NAME CAAMANO, RAFAEL JR NAME 3551 Hollow Run OAK 1216 CENTER KEY ROAD, #912 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327926931 CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition CAAMANO, CAMILLE NAME NAME 10008 Chockerfield C+ 1216 CENTER KEY ROAD, #912 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327926931 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME

FILED

☐ 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.

Delete

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20/28/06