2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000031225 1. Entity Name 06 JUN 30 AM 9:51 AERIE HOLDINGS, LLC Principal Place of Business Mailing Address 2915 KERRY FOREST PKWY., SUITE 102 2915 KERRY FOREST PKWY., SUITE 102 TALLAHASSEE, FL 32312-TALLAHASSEE, FL-32312-2. Principal Place of Business 3. Mailing Address Sete, Apt. #, etc. Suite, Apt. #, etc. 06272006 CR2E083 (11/05) Chg-LLC 47 & State City & State 4. FEI Number Applied For 59-3201951 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32309 32309 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTSFIELD, ROBERT P 2915 KERRY FOREST PKWY., SUITE 102 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32312-Zip Code 32309 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 reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE Change ☐ Delete Addition NAME HARTSFIELD, ROBERT P NAME 2915 KERRY FOREST PKWY., SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL -22342-CITY-ST-ZIP 32309 MGRM Delete mf TITLE MRGH ☐ Addition NAME HOBBS, ROGER K RK DEVELOPHENT OF TALLAHASSEE, INC. NAME STREET ADDRESS 2915 KERRY FOREST PKWY., SUITE 102 STREET ADDRESS 3813 EAST MILLERS BRIDGE AD. CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-7IP TALLAHASSEE, FL 32812 MILE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME 07/07/06--01054--015 **100.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Chapter 119, Florida Statutes. I further certify that the information sindicated 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 6-27-06 820 -633 -922 SIGNATURE: OF TO MANAGER BANAGER OF AUTHORIZED REPRESENTATIVE Davime Phone