2006 LIMITED LIABILITY COMPANY

May 26, 2006 8:00 am Secretary of State ANNUAL REPORT 05-26-2006 90127 008 ****50.00 DOCUMENT # L04000033934 GENERAL DRIVE HOLDINGS, LLC 20046643 Principal Place of Business Mailing Address 365 TAFT-VINELAND RD. 365 TAFT-VINELAND RD. SUITE 105 **SUITE 105** ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1076551 Not Applicable Zip Country Zip 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 FOUST, KATHLEEN M. Street Address (P.O. Box Number is Not Acceptable) 17 S. ORLANDO AVENUE KISSIMMEE, FL 34741 City Zip 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM1 TITLE Delete TITLE ☐ Change ■ Addition RUSSELL, JOHN H NAME NAME STREET ADDRESS 2645, CHEROKEE ROAD STREET ADDRESS CITY-ST-ZIP ST. CLOUD, FL 34772 CITY-ST-7IP MGRM ⁴ TITLE ☐ Delete TITLE Change ☐ Addition RUSSELL, JOHN B NAME STREET ADDRESS 2645 CHEROKEE ROAD STREET ADDRESS CITY-ST-ZIP ST. CLOUD, FL 34772 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MADISON, PETER D NAME NAME STREET ADDRESS 4908 OAK ISLAND ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition CHALIFOUX, DEBBE R. CHALIFOUX, DEBBE R NAME NAME GIOS LAKE LIERIE DR. STREET ADDRESS 3325 S. INDIANA AVE. STREET ADDRESS ST. CLOUD, FL 34771 ST. CLOUD, FL 34769 CITY-ST-ZIP CITY-ST-ZIP Delete TIT1 F TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

FILED

☐ Change

☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Defete

NAME

STREET ADDRESS