2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 06, 2006 08:00 AM DOCUMENT # L04000034171 **Secretary of State** SINGH FAMILY, LLC Principal Place of Business Mailing Address 5350 SPRING HILL DR 5350 SPRING HILL DR SPRING HILL, FL 34606 SPRING HILL, FL 34606 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1122194 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUGELLO, AGNES DO NOT WRITE 5350 SPRING HILL DR SPRING HILL, FL 34606 IN THIS SPACE 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 pretted name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 8. MGR TITLE AURO MANAGEMENT, LLC NAME STREET ACCRESS 5350 SPRING HILL DR CITY-ST-ZIP SPRING HILL, FL 34606 TITLE NAME U000000457070 STREET ADDRESS 03/16/06 00052-025 50.00 CITY-57-20 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TOTALE NAME STREET ACCORNESS CATY-ST-ZIP

YRED OR PRINTED NAME OF SIGNING MANAGING MEMBI