2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 24, 2006 8:00 am Secretary of State **DOCUMENT # L04000036739** 03-08-2006 90040 029 ****50.00 1. Entity Name R & Y PORT ORANGE T.K., LLC. Principal Place of Business Mailing Address 303 MAGNOLIA LAKE DRIVE **303 MAGNOLIA LAKE DRIVE** LONGWOOD, FL 32779 LONGWOOD, FL 32779 سر پ 2. Principal Place of Business 3. Mailing Address Suite Act # etc Suite, Apt, #, etc. 03072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 35-2231232 Not Applicable Country 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 ROSE, JON E 303 MAGNOLIA LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL 32779 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. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change ☐ Addition NAME ROSE, JON E NAME STREET AOORESS 303 MAGNOLIA LAKE DRIVE STREET ADDRESS CITY-ST-7/P LONGWOOD, FL 32779 CITY - ST - ZIP TITLE MGR Delete TITLE ☐ Change □ Addition YANOVICH, GEORGE NAME NAME 224 S SHADOWNBAY BLVD STREET ADORESS STREET ADORESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP THILE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Deliste TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filling 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.

20,2006 07-660-15002H SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED SIGNATURE AND TYPED



March 9, 2006

R & Y PORT ORANGE T.K., LLC. 303 MAGNOLIA LAKE DRIVE LONGWOOD, FL 32779

Subject: R & Y PORT ORANGE T.K., LLC.

Reference Number:

L04000036739

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION