2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90043 026 ****50.00 **DOCUMENT # L04000037323** 1. Entity Name LSS INVESTMENTS, LLC 50030207 Mailing Address Principal Place of Business 3708 ALT 19 N. 3708 ALT 19 N. PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 02152006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1132720 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOUGLAS, D. SCOTT 3708 ALT 19 N. PALM HARBOR, FL 34683 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. DATE 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 MANAGING MEMBERS/MANAGERS MGRM TITLE DOUGLAS, D. SCOTT NAME 3708 ALT 19 N. STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE: MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

NAME STREET ADDRESS CITY-ST-ZIP

FILED