2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L04000044128** 04-27-2006 90027 048 ****50.00 1. Entity Name FLORIDA FITZPATRICK, LLC Principal Place of Business Mailing Address MAAALTOO 16 HILLCREST AVENUE 16 HILLCREST AVENUE ERDENHEIM, PA 19038 ERDENHEIM, PA 19038 2. Principal Place of Business 3. Mailing Address 430 E 8th 430 E 04192006 Chg-LLC CR2E083 (11/05) City & State. 4. FEI Number Applied For 86-1107914 Not Applicable \$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 GARLICK, THOMAS B ESQ Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DRIVE, STE. #101 NAPLES, FL 34108 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 life 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE I Lenange ☐ Delete ☐ Addition FITZPATRICK, MARGARET NAME NAME 16 HIELCREST AVENUE STREET ADDRESS% STREET ADDRESS CITY-ST-ZIP ERDENHEIM, PA 19038 CITY - ST - ZIP MGRM TITLE ☐ Defete TITLE ☐ Addition FITZPATRICK, TOM NAME NAME STREET ADDRESS 643 OLYMPIA HILL CIRCLE STREET ADDRESS CITY - ST - ZIP **BERWYN, PA 19372** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition FITZPATRICK, ELEANOR NAME NAME STREET ADDRESS 16 HILLCREST AVENUE STREET ADDRESS CITY - ST - ZIP ERDENHEIM, PA 19038 CITY-ST-ZIP TITLE MGRM Defete TITLE ☐ Addition 22372 1/2 60047 FITZPATRICK, ED NAME STREET ADDRESS 1387 LANDIS DRIVE STREET ADDRESS CITY - ST - ZIP NORTH WALES, PA 19454 CITY - ST - ZIP ☐ 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 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.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2006

FLORIDA FITZPATRICK, LLC 430 E 8TH AVENUE CONSHOHOCKEN, PA 19428

SUBJECT: FLORIDA FITZPATRICK, LLC

Ref. Number: L04000044128

We have received your document for FLORIDA FITZPATRICK, LLC and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 706A00026515