2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

²⁰⁰⁶ FEB 13 PM 4: 38 DOCUMENT #L04000045799 1. Entity Name VALGARD OF CAMPBELL, LLC Principal Place of Business Mailing Address 6840 SW 81ST TERRACE 6840 SW 81ST TERRACE 600065724696 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1342508 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 ZANZURI, CLEMENT 6840 SW 81ST TERRACE MIAMI, FL 33143 29260 8. The above named entity submits this statement for the purpose of changing its resistence of the purpose of the agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent as its agent (NOTE: Registered Agent signature required when reinstating 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. **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition NAME ZANZURI, CLEMENT NAME STREET ADDRESS 6840 SW 81 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITI F ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADORESS 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 Delete TITLE 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. SIGNATURÉ: INTEU NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

FILED

ON SERVICE COMPANY.	• 0				
	ACCOUNT NO.	:	0721000000	32	7
	REFERENCE	:	865362	4330594	Jan FEB
	AUTHORIZATION	:	Louis Ble	Man	P. 13
	COST LIMIT	:	\$ 50.00		SEETOF
ORDER DATE :	February 13, 200	6			FLORIDA FLORIDA
ORDER TIME :	10:48 AM				,
ORDER NO. :	865362-005		hu		
CUSTOMER NO:	4330594		171		90 90
ANNUAL REPORT				RECIVED 06 FEB 13 PH IZ: 56 DIVISION OF CORPORATION	
NAME: VALGARD OF CAMPBELL, LLC					D 2: 56
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:	
XX PLAIN	STAMPED COPY				
	. •				
CONTACT PERSOI	N: Amanda Haddan		EXT# 2955		
			EYAMINED.		

Flease note that we are dranging agent on this report. There is also a drange of address form attached that needs to be filed.

The DAMA