SIGNATURE:

## DIT DD

| 2006 LIMITED LIABILITY COMPANY<br>ANNUAL REPORT  |   |  |  | Apr 24, 2006 08:00 A   |  |  |
|--|---|--|--|--|--|--|
| 1. Entity Nan  | MENT # L0400004   |  |  | Secretary of State   |  |  |
| Principal Place of Business<br>1199 ADDISON AVENUE<br>LADY LAKE, FL 32162                          |   | Mailing Address<br>1199 ADDISON AVENUE<br>LADY LAKE, FL 32162  | # <del>7</del> 2   |  |  |  |
| Ε  | O NOT WRIT  | g person   | PACE   | 04192006No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For NOT APPLICABLE Not Applicable  5. Certificate of Status Desired Status Desired Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent STEEN, DAVID W 602 SOUTH BOULEVARD TAMPA, FL 33606 |   |  |  | DO NOT WRITE<br>IN THIS SPACE  |  |  |
| the obligation   | named entity submits this statement tions of registered agent.  Signature, typed or annied name of registered age       | ·  | gistered office or regist  )  ogstared Agent signature requir              | ered agent, or both, in the State of Florida. I am familiar with, and accept   |  |  |
| D  | ue by May 1, 2006   | - <del>7 ( 17 77</del>   | 1 1  |  |  |  |
| 9. HITLE NAME STREET ADDRESS CITY-S1-ZIP   | MANAGING MEMI<br>MGR<br>MAHON, RONALD<br>1199 ADDISON AVENUE<br>LADY LAKE, FL 32162                                     | BERS/MANAGERS  | 37   | 05/06/06-80100-017 50.00   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | =   |  |  | DO NOT WRITE   |  |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  |   |  |  | IN THIS SPACE  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  | the state of the s |  |  |
| 11. I hereby of indicated limited lia  | certify that the information supplied we on this report is true and accurate as billity company or the resolver or trus | ith this filing does not qualify for t<br>nd that my signature shall have th<br>see empowered to execute this re | he exemptions contain<br>le same legal effect as<br>port as required by Ch | ed in Chapter 119, Florida Statutes, I further certify that the information if made under oath; that I am a managing member or manager of the lapter 608, Florida Statutes.  |  |  |

NTED NAME OF SERVING VALASING MEMBER, OF NUTHORIZED REPRESENTATIVE

Date

Daytime Phone #