## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)                   |                        |                                  |   |                     |  |                    | FILED<br>Feb 06, 2006 08:00 AM        |                                     |                          |               |  |
|---|------------------------|----------------------------------|---|---------------------|--|--------------------|---------------------------------------|-------------------------------------|--------------------------|---------------|--|
| 1. Entity Nam   |                        | # L040000506                     | 33  | !                   |  | Secretary of State |                                       |                                     |                          |               |  |
| NEDUKAY   | M AIII, LLC            | •                                |   |                     |  |                    |                                       |                                     |                          |               |  |
| Principal Place of Business   |                        |                                  | Mailing Address   | i<br>I              | <u> </u>   | 1                  |                                       |                                     |                          |               |  |
| 3857 WEST 16 AVENUE<br>HIALEAH FL 33012<br>US                       |                        |                                  | 3857 WEST 16 AVENUE<br>HIALEAH FL 33012<br>US   |                     |  |                    |                                       |                                     |                          |               |  |
| 2. Principal Place of Business                                      |                        |                                  | 3. Mailing Address  | 1                   | - <del></del>                                      | "                  | 4811811 811 88111 816(4 861A          | nuiff Ebill Carar affer i           | TRUCK ON OR THE COL      | Eat at lEst   |  |
| Suite, Apt. II, etc.  |                        |                                  | Suite, Apt. #, etc.   | Suite, Apt. #, etc. |  | 1                  | st MOORE                              | CR2E083                             | (10/05)                  |               |  |
| City & State  |                        |                                  | City & State  |                     | 4. FEI Nun   | 20-13368           | 322                                   | <del></del>                         | plied For<br>t Applicat. |               |  |
| Zip   |                        | Country                          | Zip   | Caun                | try  | 5. Certifica       | ele of Status Desire                  |                                     | \$5.00 Addi              | itionat       |  |
|   | 6. Name a              | nd Address of Current            | Registered Agent  |                     | Name   | 7. Name a          | nd Address of Ne                      | w Registered                        | \gent_                   |               |  |
| CORPDIRECT AGENTS, INC.<br>515 E. PARK AVE.<br>TALLAHASSEE FL 32301 |                        |                                  | -   |                     |  | PO Boy Nun         | ober is Not Accent                    | ahlal                               |                          |               |  |
|   |                        |                                  |   | ŧ                   | Street Address (P.O. Box Number is Not Acceptable) |                    |                                       |                                     |                          |               |  |
| 1   |                        |                                  |   |                     | City   |                    |                                       |                                     | Zip Code                 | _             |  |
| 9 The chara   | named antity           | has to the statement for         | or the purpose of changing its  | n saaintas          |  | and annual as 1    | halfs in the State of                 | FL                                  | • }                      |               |  |
|   | tions of register      |                                  | or the purpose of changing is   | s registere         | au onice or registe                                | reo ageni, or i    | DOUT, AT LIE STALE C                  | rionua. Lan                         | attiliai wiit, e         | and accept    |  |
| SIGNATURE   | Semalula Ivocit di     | printed name of registered agent | and the dennique (NC)   | TE Recostera        | d Agent signature require                          | S when seven much  |                                       | DATE                                |                          |               |  |
|   |                        |                                  |   | Adra of the         | EE IS \$50.00                                      | 4.32.43.77         |                                       |                                     |                          |               |  |
|   |                        |                                  | Make Check Payat  | ole to Fi           | orida Departme                                     | nt of State        |                                       |                                     |                          |               |  |
| 9.  |                        | MANAGING MEMB                    | 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m   | 10.                 | ay 1, 2006   |                    | ADDITIO                               | NS/CHANGES                          |                          | <del></del> . |  |
| TITLE   | MGR                    | WANAGING WEWE                    | Delete  | IRL                 |  |                    | ADDITIO                               | May of IAMaca                       | ☐ Change                 | Addition      |  |
| NAME<br>STREET ADDRESS  | CAYON, MAURICE         |                                  | •   | MAM                 | E<br>E1 ADDRESS                                    | U00000423085       |                                       |                                     | _                        |               |  |
| CITY-ST-ZIP   | (000) 17251 10327 0102 |                                  |   |                     | -ST-ZIP  |                    | 02/17/06                              | -80042-01                           | 7 55.00                  |               |  |
| MITE  |                        |                                  | ☐ Delete  | สสม                 | 1  | ☐ Cha              |                                       | Change                              | ☐ Addition               |               |  |
| NAME<br>Street address  | 1                      |                                  |   | nam<br>Stre         | e<br>Et adoress                                    |                    |                                       |                                     |                          |               |  |
| CITY - ST-ZIP   |                        |                                  |   | CITY                | -\$I- <i>D</i> IP                                  |                    |                                       |                                     |                          |               |  |
| TITLE   |                        |                                  | ☐ Defete  | HTL                 | ,  |                    |                                       |                                     | ☐ Change                 | Addition 🗔    |  |
| NAME<br>STREET AUDRESS  | }                      |                                  |   | 4                   | ET ADDRESS   |                    |                                       |                                     |                          |               |  |
| CITY-ST-ZIP   | {                      |                                  |   | CITY                | -ST-ZIP  |                    | ·                                     | <del></del>                         | <del></del>              | <del></del>   |  |
| TRTLE<br>NAME   |                        |                                  | ☐ Đelele  | T)TLS<br>NAM        |  |                    |                                       |                                     | Change                   | Addition      |  |
| STREET ADDRESS  |                        |                                  |   | 3                   | ET AODRESS   |                    |                                       |                                     |                          |               |  |
| CITY-ST-ZIP   |                        |                                  |   | CITY                | - \$7-21P  |                    |                                       |                                     | <del></del>              |               |  |
| TITLE<br>NAME   |                        |                                  | Detete  | HTE<br>NAM          | (  |                    |                                       |                                     | Change                   | ☐ Addition    |  |
| STREET ADDRESS  |                        |                                  |   |                     | ET ADDRESS   |                    |                                       |                                     |                          |               |  |
| CITY - ST - ZIP   | -                      |                                  |   |                     | -ST-ZIP  |                    | · · · · · · · · · · · · · · · · · · · |                                     |                          |               |  |
| TITLE<br>NAME   |                        |                                  | ☐ Delete  | IRU<br>NAM          | ,  |                    |                                       |                                     | ☐ Change                 | ☐ Addition    |  |
| STREET ADDRESS  |                        |                                  |   | STRE                | ET ADDRESS   |                    |                                       |                                     |                          |               |  |
| CTTY-ST-ZIP   |                        |                                  | AL AL! 199 - A  |                     | -S3-ZIP  |                    | 110 51-22-54-7                        | 00 1 \$ -15                         |                          | ofmer         |  |
| indicated   | on this report         | is true and accurate ar          | ith this filling does not qualify<br>not that my signature shalt ha<br>ee empowered to execute th | ve the sai          | me legal effect as                                 | if made under      | roath; that I am a                    | es. 1 iuither cer<br>. managing mer | uper or mana             | ager of the   |  |