FILED 2006 LIMITED LIABILITY COMPANY Apr 20, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L04000052748 1. Entity Name EAST BURNT STORE HOLDINGS, L.L.C. Mailing Address Principal Place of Business 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1372207 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HILL, THOMAS W. DO NOT WRITE 1318 LAFAYETTE ST CAPE CORAL, FL 33904 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 SIGNATURE. 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 9. MGRM TITLE HILL, THOMAS W NAME STREET ADDRESS 1318 LAFAYETTE STREET CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE U000000519781 05/02/06-80069-015 50.00 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 TITLE NAME STREET ADDRESS 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.

SIGNATURE: Thomas W Will

NAME STREET ADDRESS CITY-ST-ZIP

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

4-18-06

Daylime Phone #