


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055895</b> 1. Entity Name TAPPED OUT, LLC		
Principal Place of Business 970 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Mailing Address 970 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CONNORS, R. GARY 970 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CONNORS, R. GARY 970 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4-11-06 3866722275 <small>Daytime Phone #</small>



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2614376

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000510678^M  
04/29/06-80017-004 50.00^M