2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 09, 2006 08:00 AM DOCUMENT # L04000055974 **Secretary of State** ERPÉNBECK FLORIDA LLC Principal Place of Business Mailing Address 11887 GRAND ISLES LANE 11887 GRAND ISLES LANE FORT MYERS, FL 33913 FORT MYERS, FL 33913 01072006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ERPENBECK, MATTHEW** DO NOT WRITE 11887 GRAND ISLES LANE FORT MYERS, FL 33913 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 U00000380639 01/11/06-80021-021 55.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE ERPENBECK, MATTHEW NAME STREET ADDRESS 11887 GRAND ISLES LANE CITY-ST-ZIP FORT MYERS, FL 33913 TITLE NAME STREET ADDRESS CITY - ST - 719 TOTE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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.

D NAME OF EXCHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP