2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # L04000058424 RHONDA M. BROWN, LLC Principal Place of Business Mailing Address 3495 GARDENVIEW WAY 3495 GARDENVIEW WAY TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 03262006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEl Number Applied For 75-3163735 Not Applicate \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, RHONDA M DO NOT WRITE 3495 GARDEN VIEW WAY TALLAHASSEE, FL 32309 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NCTE, Registered Agent signature required when retretating) DATE Filing Fee is \$50.00 Due by May 1, 2008 9. MANAGING MEMBERS/MANAGERS MGR MLE BROWN, RHONDA M NAME STREET ADDRESS 3495 GARDEN VIEW WAY #N0000492995 04/19/06 00087-012 50.00 CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ilability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP