2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # L04000059478** 04-20-2006 90034 050 ****50.00 WMS CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 2101 SWAVEFLYFLSTE 300 2101 SWAVEFLYFLSTE 300 MELBOURNE, FL 32901 MELBOURNE RL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State 41-2170424 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, BARRON Street Address (P.O. Box Number is Not Acceptable) 2101 S WAVERLY PL STE. 300 MELBOURNE, FL 32901 Zip Code City 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) Make check payable to Filing Fee is \$50.00 ... Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition MGRM TITLE Change ☐ Defete TITLE WHITE, BARRON NAME NAME STREET ADDRESS 2101 S WAVERLY PL STE. 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32901 MGRM ☐ Addition **MGRM** Delete TITLE TITLE white, John R P.O. Box 194 NAME NAME WHITE, JOHN R STREET ADDRESS PO BOX 194 STE 300 STREET ADDRESS CITY-ST-ZIP olumbus NC 28722 CITY-ST-7IP COLUMBUS, FL 28722 Addition ☐ Delete TITLE NAME MCKINNEY, CARL H NAME 3810 BURTON RD STE. 300 STREET ADDRESS STREET ADDRESS CITY.ST.7IP CITY-ST-ZIP PALM BAY, FL 32905 ☐ Addition ☐ Delete TITLE TITLE MGRM SELPH, ROBERT D NAME NAME STREET ADDRESS ARITON DR NE #1306 STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS 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 liability company or the receiver or trustee empayered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/17/06

FILED