2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000060558 1. Entity Name NASSAUVILLE, L.L.C. Principal Place of Business Mailing Address 8 SOUND POINT PLACE 8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 04192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0270587 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SELTON, ROBERT W III 8 SOUND POINT PLACE FERNANDINA BEACH, FL 32034 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. 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 SELTON, ROBERT WILL STREET ADDRESS 8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 CITY-ST-ZIP U00000530952 05/06/06-80021-003 50,00 MGRM TITLE SELTON, CARRIE A 8 SOUND POINT PLACE STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND, FL 32034 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 inclicated 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.