2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # L04000062513 1. Entity Name EASTON CHARLES INVESTMENT LLC Principal Place of Business Mailing Address 394 LAKE VIEW LANE PALM BAY FL 32909 394 LAKE VIEW LANE PALM BAY FL 32909 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MCORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 83-0404927 Not Applicat Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, VILMA Street Address (P.O. Box Number is Not Acceptable) 394 LAKE VIEW LANE PALM BAY FL 32909 Zip Code 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. DATE Signature, typed in printed name of registered agent and title it applicable tNOTE Recistered Agent signature required when reinstation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Delete TITLE Change Aprillo TITLE MGRM NAME WILLIAMS, VILM MALME U0000014332**8**2 STREET ADDRESS STREET ADDRESS 394 LAKE VIEW LANE 03/01/06-8**0040-018** 50.00 CRTY-ST-ZW CITY-ST-7IP PALM BAY FL 32909 Change Addition ☐ Delete TITLE TITLE MGR NAME WILLIAMS, PATRICK STREET ADDRESS STREET ADDRESS 394 LAKE VIEW LANE CITY-ST-ZYP PALM BAY FL 32909 CSSY-S3-289 ☐ Admin TITLE ☐ Change TITLE Defete NAME North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZTP ☐ Addis ☐ Defete RHE Change NAME NAME STREET ABORESS STREET ADORESS CITY-ST-2IP CITY-ST-ZIP Delete SSILE ☐ Change Addi. 3371.6 NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP City-St-Zip ☐ Change 3 A.L. Delete THE NAME MAME STREET ADDRESS STREET ADDRESS City-St-Zip CSTY-ST-ZSP

11. I hereby ceruly that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fimited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ICHIATURE Who Williams

1-30-06 321-726-91

FILED