2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM DOCUMENT # L04000064221 **Secretary of State** 1. Entity Name WAYNE JACKSON ENTERPRISES, LLC Principal Place of Business Mailing Address 3645 NE 18TH CT 3645 NE 18TH CT OCALA, FL 34479 OCALA, FL 34479 01102006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1589412 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent TROW, CHESTER J 21 N MAGNOLIA AVE, 2ND FLOOR DO NOT WRITE OCALA, FL 33475 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) DATE Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HERRING, HOWARD NAME STREET ADDRESS 3645 N.E. 18TH CT 1100000388708 CITY-ST-ZIP OCALA, FL 34479 01/20/06-80016-015 50.00 TITLE NAME STREET ADDRESS CTTY-ST-ZIP BRE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

11. I hereby certify that the information supplied with this filling 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.

ERRING

SIGNATURE: OR AUTHORIZED REPRESENTATIVE

MILE NAME STREET ADDRESS CITY-ST-ZIP