2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000065460 Entity Name 2R5, LLC Principal Place of Business Mailing Address 10531 COPPER LAKE DRIVE 10531 COPPER LAKE DRIVE **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 02012006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1657255 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, RANDELL G DO NOT WRITE 10531 COPPER LAKE DRIVE BONITA SPRINGS, FL 34135 IN THIS SPACE 3. 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 requetered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PRICE, RANDELL G NAME STREET ADDRESS 10531 COPPER LAKE DRIVE BONITA SPRINGS, FL 34135 CITY-ST-7IP TITLE U00000530990 05/06/06-80021-019 50.00 NUME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE MAME

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 professional contents.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

1016-836-5021

Daytime Phone #