2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Jul 24, 2006 08:00 AM DOCUMENT # L04000067681 **Secretary of State** 1. Entity Name EARTH NATURALS OF THE KEYS LLC Principal Place of Business Mailing Address 82661 OVERSEAS HIGHWAY 82661 OVERSEAS HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 2nd MOORE CR2E083 (4/06) 4. FEI Number Applied For City & State City & State 42-1648867 Not Applicable Ζıp 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 ANDREWS, STEVEN R Street Address (P.O. Box Number is Not Agceptable) 201 NAUTILUS DR. ISLMORADA FL 33036 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. (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MR ☐ Addition TITLE Change DUE ☐ Delete ANDREWS, STEVEN U00000572149 07/25/06-80017-016 50.00 NAME 201 NAUTILUS DR STREET ADDRESS STREET ADDRESS ISLAMORADA FL 33036 CITY-ST-ZIP CITY ST ZIP ☐ Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add₁tion ☐ Delete пπе ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Addition MILE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated or 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, Flonda Statutes.

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