2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2006 08:00 AM DOCUMENT # L04000070415 Secretary of State BUNKHOUSE, LLC Principal Place of Business Mailing Address 14770 NORMANDY BOULEVARD 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234 JACKSONVILLE, FL 32234 03072006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1697546 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GRIFFIN, MICHAEL F DO NOT WRITE 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234 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. MGR TITLE GRIFFIN, MICHAEL F NAME STREET ADDRESS 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234 CITY-ST-ZIP 04/13/06-80028-011 150.00 TITLE NAME STREET ADDRESS CITY -ST - ZYP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 passes empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: W-K, Th

CITY-ST-ZIP
TITLE
NAME
STREET AGORESS
CITY-ST-ZIP

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

Date

Daytime Phone #