2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

Mar 24, 2006 08:00 AM Secretary of State DOCUMENT # L04000072870 LAMARCHE REALTY, LLC Principal Place of Business Mailing Address 174-A SEMORAN COMMERCE PLACE, SUITE 108 174-A SEMORAN COMMERCE PLACE, SUITE 108 APOPKA, FL 32703 APOPKA, FL 32703 03182006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 20-1739051 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARBERT, RONALD A ESQ. DO NOT WRITE MATEER & HARBERT, P.A. 225 EAST ROBINSON STREET, SUITE 600 IN THIS SPACE ORLANDO, FL 32801 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, 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. TITLE MGRM LAMARCHE, CLEMENT E NAME STREET ADDRESS 174-A SEMORAN COMMERCE PLACE, SUITE 108 APOPKA, FL 32703 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

FILED

11. 1 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.

3-20-06 107 820 6628 URE: SIGNATURE AND TYPED OR PRINTED AND OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE