2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # L04000073137** WILD ORCHID D & E LLC Principal Place of Business Mailing Address 2848 WILD ORCHID CT. 2848 WILD ORCHID CT. NAPLES, FL 34119 NAPLES, FL 34119 03222006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1717187 Not Applicat \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BOYD, DOYLE A DO NOT WRITE 2848 WILD ORCHID CT. NAPLES, FL 34119 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 acceptable 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, 2006 H00080496385 04/22/66-80012-066 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME BOYD, DOYLE A STREET ADDRESS 2848 WILD ORCHID CT. NAPLES, FL 34119 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP T(T) F NAME

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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

239-56-176