2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # L04000078148** 04-24-2006 90063 028 ****50.00 TRYÁLL INVESTMENTS ONE LLC Principal Place of Business Mailing Address P.O. BOX 616338 P.O. BOX 616338 ORLANDO, F 32861 ORLANDO, F 32861 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01092006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1801406 Not Applicable Zip Country 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 SANGE' SUKHRAM, EUDEL S Street Address (P.O. Box Number is Not Acceptable) 7012 HIAWASSEE OAK DRIVE ORLANDO, FL-32818-1321 SELBYDON WAY CITY WINTERGARDEN 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 4 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 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Detete TITLE Change ☐ Addition SUKHRAM, EUDEL S NAME NAME 1321 SELBYDON WAY STREET ADDRESS 7012 HIAWASSEE OAK DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818-CITY-ST-ZIP WINTELGARDEN FC 34787 MGRM TITI F ☐ Delete Change Addition GRENNETT SERVICE NAME NAME 1321. SELBYDON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP WINTERGARDEN FL.34789 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

EUDEL S. SUKHRAM.

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

SIGNATURE: