2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State DOCUMENT # L04000079408 05-01-2006 90033 007 ****50.00 1. Entity Name 2400 DELANEY, LLC Principal Place of Business Mailing Address 1720 LAKE SHORE DRIVE 1720 LAKE SHORE DRIVE ORLANDO, FL 32803 ORLANDO, FL 32803 04172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1849298 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKEE, MICHAEL DO NOT WRITE 1720 LAKE SHORE DRIVE ORLANDO, FL 32803 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM SUTTON-MCKEE, JANET NAME STREET ADDRESS 1720 LAKE SHORE DRIVE CITY-ST-ZIP ORLANDO, FL 32803 MGRM TITLE MCKEE, JANET NAME 1720 LAKE SHORE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

OR AUTHORIZED REPRESENTATIVE

FILED