2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jun 08, 2006 8:00 am Secretary of State **DOCUMENT # L04000088494** 06-08-2006 90171 019 ****50.00 JON VINING ENTERPRISES, LLC Principal Place of Business Mailing Address 10647 SE 95TH TERR 10647 SE 95TH TERR BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 2. Principal Place of Business 3. Mailing Address 3811 NE ZZNA Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 CR2E083 (11/05) Chg-LLC City & State 4. FEI Number Applied For City & State Ocala, FL 34479 47-0951909 Not Applicable Zip Żip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 34479 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . Du R Vining VINING, JON R Street Address (P.O. Box Number is Not Acceptable) 10647 SE 95TH TERR 5 BELLEVIEW, FL 34420 3811 NE 22 NA OCALA 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES----MANAGING MEMBERS/MANAGERS-MERM Change Addition TITLE TITLE MGRM Delete Vining, Jon R. NAME VINING, JON R NAME 3811 NE ZZNA AVC STREET ADDRESS STREET ADDRESS 10647 SE 95TH TERR CITY-ST-ZIP Oca1a, FL 34479 BELLEVIEW, FL 34420 CITY-ST-ZIP MCRM Change **区** Addition ☑ Delete TITLE MGRM Vining, Stacy A. VINING, STACY A STREET ADDRESS 3811 NE ZZNA AVL STREET ADDRESS 10647 SE 95TH TERR CITY-ST-ZIP BELLEVIEW, FL 34420 Ocak, FL 34479 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - --- ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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JON VINING ENTERPRISES, LLC

19847 SE SITH TERM

BELLEVIEW FL 34420 3579

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OCALA, F.1. 34479



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