2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # L04000089686 02-20-2006 90144 015 ****50 00 PHOENIX PRODUCTS, LLC Mailing Address Principal Place of Business 500 WORLD COMMERCE PARKWAY P.O. BOX 45022 UUAGUUA JACKSONVILLE, FL 32232 ST. AUGUSTINE, FL 32092 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E083 (11/05) Chq-LLC 4. FEI Number Applied For City & State City & State 20-1994614 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLBROOK COLD, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202 City Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ROY, RON NAME NAME 500 world Commerce Parkway STREET ADDRESS 8050 PHILIPS HIGHWAY STREET ADDRESS Staugustine FL 32092 JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Delete TITLE RINGHAVER, RANDY NAME NAME 500 world Commerce Parkway 8050 PHILIPS HIGHWAY STREET ADDRESS STREET ADDRESS St augustine FL 32092 JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-SY-ZIP MGR TITLE Defete TITLE GEDDES, TIMOTHY NAME MAME 500 World Commerce Parkway STREET ADDRESS 8050 PHILIPS HIGHWAY STREET ADDRESS St augustine FL 32092 CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Addition NAME GRUBB, JOHN 500 World Commerce Parkway 8050 PHILIPS HIGHWAY STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - .. [-] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NATURE AND TYPED OR PRINTED NAME OF SIGNING

MANAGING

FILED