2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089961 Secretary of State 01-30-2006 90156 048 ****50.00 NETWORTHY ENTERPRISES, LLC Principal Place of Business Mailing Address 209 BARRY COURT 209 BARRY COURT LONGWOOD, FL 32779 LONGWOOD, FL 32779 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E083 (11/05) Chq-LLC 4. FEI Number Applied For City & State City & State 20*-2000*0s Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHOADES, JENNY SUE Street Address (P.O. Box Number is Not Acceptable) 209 BARRY COURT LONGWOOD, FL 32779 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 Rorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition MGRM TTD F Delete TITLE ☐ Change RHOADES, JENNY SUE NAME NAME 209 BARRY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY ST-7IP ☐ Addition TITLE F □ Delete TTT. F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition πιε ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Jan 30, 2006 8:00 am

11. 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.

Janny Sue Rhoadis - Jenny Sue Rhoades Date 1/26/06 407-774-