2006 LIMITED LÍABILITY COMPANY ANNUAL REPORT

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

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # L04000092623 1. Entity Name 2PM, LLC Principal Place of Business Mailing Address 2290 TENTH AVE NORTH 7567 PRESERVATION ROAD TALLAHASSEE, FL 32312 SUITE 304 LAKE WORTH, FL 33461 02102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEì Number Applied For 20-2107406 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT DO NOT WRITE 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 31312 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent; 2-16-06 w Signature, typed or printed name of registered agent and title it applicable. (NOTE; Registered Agent signature required when reinstating) U00000440896 Filing Fee is \$50.00 Due by May 1, 2008 03/03/**06-8**0011-008 50.**0**0 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM R.O.M. MANAGEMENT, INC. NAME STREET ADDRESS 7567 PRESERVATION ROAD TALLAHASSEE, FL 32312 C3TY-ST-707 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP 3375

FILED

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE