2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Sep 01, 2005 8:00 am Secretary of State DOCUMENT # L04000094060 09-01-2005 90052 016 ****55.00 1. Entity Name RANDY KREKILLO Principal Place of Business Mailing Address 5005 SUGAR OAK LN 5005 SUGAR OAK LN DOVER FL 33527 DOVER FL 33527 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (5/05) 2nd MOORE City & State City & State Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KREK, RANDY Street Address (P.O. Box Number is Not Acceptable) 5005 SUGAR OAK LN DOVER FL 33527 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. OATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10 TITLE MGRM Delete TETLE ☐ Change ☐ Addition NAME KREK, RANDY NAME STREET ADDRESS STREET ADDRESS 5005 SUGAR OAK LN CITY-ST-ZIP DOVER FL 33527 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY - ST-ZIP TITLE THEF ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST- //P ☐ Change ☐ Delete Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Telle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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

8/26/05 8/3-390-6075

FILED