2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000007134 Secretary of State 1. Entity Name 05-01-2006 90059 018 ****50.00 ILF L.L.C. Principal Place of Business Mailing Address 7 LAGUNA ST. #306 7 LAGUNA ST. #306 FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FÉI Number Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRUMMOND, MARK D Street Address (P.O. Box Number is Not Acceptable) **7 LAGUNA ST. #306** FT. WALTON BEACH, FL 32548 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. DATE (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 ADDITIONS/CHANGES 10. MGR TITLE Change ☐ Addition TITLE Delete NAME DRUMMOND, MARK D NAME STREET ADDRESS STREET ADDRESS 7 LAGUNA ST. #306 CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH, FL 32548 ☐ Change ☐ Addition TITLE ☐ Delete TILLE NAME MALÆ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ППЕ ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

May 01, 2006 8:00 am

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. Mark Dumad