2006 LIMITED LIABILITY COMPANY

SIGNATURE

Jan 23, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L05000017832** 01-23-2006 90140 047 ****55.00 1. Entity Name LUNÁMAR INVESTMENTS, LLC Principal Place of Business Mailing Address 20001954 3796 PRESIDENTIAL COURT 3796 PRESIDENTIAL COURT PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 2. Principal Place of Business 3. Mailing Address 5/28 HALTATA OURT 5/28 01172006 Chg-LLC CR2E083 (11/05) City & State Pour City & State 4. FEI Number Applied For 20-2376262 IEW 1 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 3465<u>5</u> Fee Required <u>34655</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOROWITZ, MITCHELL I Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BOULEVARD STE 1700 TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change **■**Addition Delete Smini, NAME NAME STREET ADDRESS STREET ADDRESS SIZB AALTATA CHY-ST-ZIP CITY-ST-ZIP 34655 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete IIILE 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 ☐ Channe ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #