2006 LIMITED LIABILITY COMPANY

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000019141** 04-20-2006 90034 024 ****50.00 1. Entity Name R LAPIDUS LLC Principal Place of Business Mailing Address 2908 56TH STREET SOUTH 2908 56TH STREET SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2426433 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAPIDUS, ROBERT 2908 56TH STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) GULFPORT, FL 33707 Zip Code 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 obligation: SIGNATUR (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME LAPIDUS, ROBERT NAME STREET ADDRESS 2908 56TH STREET SOUTH STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITLE Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

indicated on this report is true and acc

limited liability corr

SIGNATURE

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 estee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

ATTACHMENT

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUN 1. Entity Name R LAPIDU)	# L050000191						M		
Principal Place of Business 2908 56TH STREET SOUTH GULFPORT, FL 33707			Mailing Address 2908 56TH STREET SOUTH GULFPORT, FL 33707			20033603				
2. Principal Place of Business			3. Mailing Address				• • •		• ,	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04072006	Chg-LLC		3 (11/05)	Fod Cor 1
City & State			City & State			4 FEI Number	2426433		Not	Applicable
Žip	Country		Zip	Country		i '	of Status Desired Address of New R		5.00 Addi ee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Rame and	ACCUSES OF NEW POR	- <u>- 1</u>	go:	
LAPIDUS, ROBERT 2908 56TH STREET SOUTH			Street Address			(P.O. Box Number is Not Acceptable)				
GULFPORT, FL 33707							-		T	
					City		. <u></u>	FL	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 II applicable. (NOTE: Registered Agent signature required when rematating) DATE										
Filing Fee is \$50.00 Due by May 1, 2006								e check pa Departmo	ryable to ent of State	•
9.		MANAGING MEMBE	RS/MANAGERS	10.	····		ADDITIONS/	CHANGES		
NAME		S, ROBERT	Delete IIILE		Æ				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS (- ST-ZIP					
TITLE NAME			****						Change	Addition
STREET ADDRESS CITY-ST-ZIP	ET ADORESS				EET ADORESS (+ST-ZIP					
TITLE NAME			☐ Delete T		E Æ			-	Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TITLE NAME			☐ Delete	TITI				•	Change	Addition
STREET ADDRESS CITY-ST-ZEP					EET ADDRESS Y-ST-20					
TITLE NAME			☐ Delete	101 NA					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZEP					EET ADORESS Y-ST-ZIP					
TITLE			☐ Delete	ım					Change	Addition
STREET ADDRESS CITY-ST-ZIP					ME NEET ADORESS Y-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.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEDICER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIM Daytime Phone #										