2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Secretary of State 04-11-2006 90082 001 ***150.00 DOCUMENT # L05000021001 1. Entity Name TREASURES OF 6, LLC **000CUUU**U Principal Place of Business Mailing Address 14001 63RD WAY NORTH 14001 63RD WAY NORTH CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04042006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 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 repetered aport and bills if applicable (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGMM GEORGE LUTICH 14001 -63KB WAY.N. TITL 5 TITLE ☐ Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CIEMWARDR, FG. 33740 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition DAVID SWAIN 14001 - 63 KD WAY D. CIPAL WATER, FI 35760 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST-ZIP CITY-SI-ZIP TITLE ☐ Dalete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP mi ☐ Delate TULE ☐ Change ☐ Add:ion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP mLE Delete TRLE ☐ Change ☐ Add lion NUME NAME STREET ADDRESS STREET ADDRESS CITY.ST. 70 CITY-ST-DP 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 for truttee empressed to execute this report as required by Chapter 608, Florida Statutes.

E: 4-6-06 727-535 5709 W 253

FILED Apr 24, 2006 8:00 am