2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

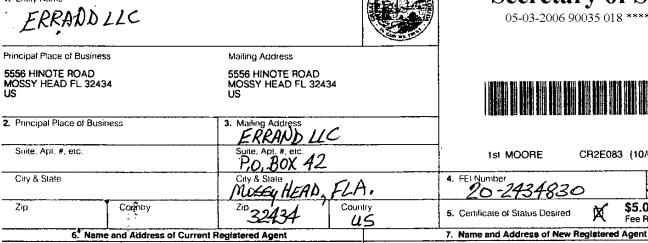
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RILEY, RUSSELL

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5556 HINOTE ROAD

MOSSY HEAD FL 32434



FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90035 018 ****55.00



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 blie a implicable (NOTE: Registrated Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1,2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change MLE MGRM ☐ Delete TITLE NAME RILEY, RUSSELL NAME STREET ADDRESS STREET ADDRESS 5556 HINOTE ROAD CITY-ST-ZIP CITY ST-ZIP MOSSY HEAD FL 32434 Delete Change ☐ Addition TITLE DD F NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Dolore ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition mile ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change FIFLE ☐ Delete HAME 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 Section 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.

JITE : SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Street Address (P.O. Box Number is Not Acceptable)