2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L05000025634** 04-27-2006 90014 006 ****50.00 1. Entity Name LAZY SNAKE, LLC Principal Place of Business Mailing Address 2391 DUSTIN CIRCLE 2407 SPRING HILL, FL 34608 2391 DUSTIN CIRCLE 2407 SPRING HILL, FL 34608 2. Principal Place of Business 3. Mailing Address 2407 Dustin Same Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2491902 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required Hernando 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENGESBACH & TAYLOR, P.A. Street Address (P.O. Box Number is Not Acceptable) 5330 SPRING HILL DRIVE SUITE J SPRING HILL, FL. 34606 City Zip Code FL 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. (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 9. 10. MGRM TITLE TITLE ☐ Delete Change ☐ Addition NAME SNAKENBERG, LARRY NAME 2391 DUSTIN CIRCLE 2407 STREET ADDRESS STREET ADDRESS SPRING HILL, FL 3460 8 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Detete TITLE ☐ Change ☐ Addition SNAKENBERG, MARILYN NAME NAME 2391 DUSTIN CIRCLE 2407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 8 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-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 ☐ Delete Addition TITLE TITLE □ Change 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 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.

Morilyn Snc Kabers
Authorized REPRESENTATIVE Date

AGER OF

*3*525974469

FILED