2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

See OM RAY DRIVE CORPET, FL 34229 COUNTY CORPET, FL 34229 COUNTY CONTROL CR26083 (11/105) COUNTY CONTROL CR26083 (11/105) COUNTY COU	DOCUMENT # L05000033312 1. Entity Name MARAN L.L.C.						04-03-2006 90	0069 012 ****	50.00
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Security	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302006	Chg-LLC	CR2E083 (11/	05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Norme Norme Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo 6. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registe	City & State		City & State					+	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Pilling Fee is \$50.00 By Make check payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/C		OTILIA			Name				
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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: Watting Moule

3/30/06 863-299-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI