2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # L05000034071 02-06-2006 90169 032 ****55.00 WONDER PROPERTIES, LLC Mailing Address Principal Place of Business 1621 OAK CIRCLE SOUTH 1621 OAK CIRCLE SOUTH SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number City & State EIN Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAEF, JEROLD Street Address (P.O. Box Number is Not Acceptable) 1621 OAK CIRCLE SOUTH SARASOTA, FL 34232 City 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 drinted name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10 9. **MGRM** Change Addition Delete TITLE TITLE SAEF, JEROLD NAME NAME STREET ADDRESS 1621 OAK CIRCLE SOUTH STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-ST-7IP MGRM Change ☐ Addition ☐ Delete TITLE TITLE COOPER, MELODY NAME NAME STREET ADDRESS 2608 SHERIDAN DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete MIE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP πц ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATHRF.

CITY-ST-ZIP