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

## Mar 23, 2006 8:00 am Secretary of State DOCUMENT # L05000036107 03-23-2006 90273 024 \*\*\*150.00 1. Entity Name MAUD & PARTNERS, L.L.C. Principal Place of Business Mailing Address 1830 CAYMAN ROAD: EAST 1830 CAYMAN ROAD, EAST VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 40-023953 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENG, MAUD Street Address (P.O. Box Number is Not Acceptable) 1830 CAYMAN ROAD, EAST VERO BEACH FL 32963 Zip Code City 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 A 44 D the obligations SIGNATURA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. morem. TITLE ☐ Change Addition TITLE Delete MAUD GENG NAME NAME 1830 Cayman 12d EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vero Beach Florida 22963 ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete 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 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.

SIGNATURE