2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # L05000038515 02-20-2006 90143 004 ****50.00 1. Entity_Name CHRISMARK, LLC Principal Place of Business Mailing Address 20009123 4909 72ND COURT EAST 4909 72ND COURT EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-LLC CR2F083 (11/05) City & State City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLASSBURN **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD TALLAHASSEE, FL 32301-2960 City ADENTON 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 GLASSBURN ((uch SIGNATURE rinted name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ☐ Addition ☐ Delete TITLE GLASSBURN, MARK NAME NAME STREET ADDRESS 4909 72ND COURT EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME GLASSBURN, CHRISTINE NAME STREET ADDRESS 4909 72ND COURT EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34203 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

MAY GLASSRUPN 1/14/06 941-753-3317

FILED