2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # L05000044305 04-10-2006 90046 003 ****50.00 RMTC PROPERTIES, LLC Principal Place of Business Mailing Address 4812 NE 255TH DRIVE 4812 NE 255TH DRIVE MELROSE, FL 32666 MELROSE, FL 32666 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Cha-LLC CR2E083 (11/05) 4. FEI Number 20-4613343 City & State ★ Applied For City & State Not Applicable Zip Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, TRENT C Street Address (P.O. Box Number is Not Acceptable) 4812 NE 255TH DRIVE MELROSE, FL 32666 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete Change Change ☐ Addition CLARK, TRENT C NAME NAME STREET ADDRESS 4812 NE 255TH DRIVE STREET ADDRESS CITY-ST-ZIP MELRSOE, FL 32666 CITY-ST-ZIP MELROSE, FL 32666 MGRM TITLE ☐ Delete TITLE ☐ Change Addition MILLER, FREDERICK K NAME STREET ADDRESS 4812 NE 255TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELROSE, FL 32666 Delete TITLE T!TLE ☐ 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-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition 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.

SIGNATURE:

FILED

Daytime Phone #