2006 LIMITED LIABILITY COMPANY

May 08, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000045593** 05-08-2006 90039 040 ****55.00 1. Entity Name RKR SOLUTION 1 L.L.C. Principal Place of Business Mailing Address 1504 OLD MOODY BLVD #629 PO BOX 352586 PALM COAST, FL 32135 BUNNELL, FL 32110 ^orincipal Place of Business 3. Mailing Address 5 04 01 D MOOD Y BIVA P.O. BOK 352 5 86 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Bunnell Palm Loas 20-4164010 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 3213 USA Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent enald RIVERA, RONALD K Street Address (P.O. Box Number is Not Acceptable) 144 504 P//e Circle **8 RYDELL LANE** JOY P 110 PALM COAST, FL 32164 Zip Code 3 Z / Z 4 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 the obligations of registered agent. 26 April 06 SIGNATURE (NOTE: Registered Agent signifium required when recestating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR MGR TITLE Delete TITLE Change Addition NAME RKR REAL ESTATE INC. RUR Real ESTATE Inc. MAME STREET ADDRESS 1504 OLD MOODY BLVD #629 STREET ADDRESS 144 Joyelle Circle CITY-ST-ZIP BUNNELL, FL 32110 COY ST 7P Day Tona Beach FL. 32124 MGRM Delete TITLE TITLE ☐ Chance ☐ Addition RIVERA. ADRENE MALE HALKE STREET ADORESS **8 RYDELL LANE** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-S1-28 TOLE MCRM Delete TITLE Change ☐ Addition RIVERA, RONALD K NAME NAME STREET ADDRESS **8 RYDELL LANE** STREET ADDRESS CRY-ST-ZP PALM COAST, FL 32164 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TED F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-70 CTTY-ST-ZIP सम्बद्ध Delete TITLE ☐ Change Addition NAME MALE STREET ADORESS STREET ADDRESS

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11. Thereby 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.

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