2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-07-2006 90073 012 ****50.00
L05000047250

DOCUMENT # L05000047250

1. Entity Name
IN/EX MAKEOVER L.C.

Principal Place of Business	Mailing Address
4320 SUNBEAM RD., APT. #211 JACKSONVILLE, FL 32257	4320 SUNBEAM RD., APT. #211 JACKSONVILLE, FL 32257

01262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
10434 Windfern CT S	10434 Windfern CT S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32257 Country:	Zip: 32257 Country:

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, PHILIP A 4320 SUNBEAM RD., APT. #211 JACKSONVILLE, FL 32257	Name: Guffey, John C Street Address (P.O. Box Number Is Not Acceptable): 10434 Windfern CT S City: Jacksonville FL Zip Code: 32257

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 _____ 1-29-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MATTHEWS, PHILIP A 4320 SUNBEAM RD., APT. #211 JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR John C Guffey 10434 Windfern CT S Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TODD, JONATHAN UNIVERSITY WEST, APT. 39 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Penny M Guffey 10434 Windfern CT S Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MATTHEWS, ANGELA R 4320 SUNBEAM RD., APT. #211 JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Jonathan R Todd 5924 Regiment Dr Jx FL 32277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TODD, SHANNON UNIVERSITY WEST, APT. 39 JACKSONVILLE, FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED

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: _____ 1-29-06 302-0502
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #