2006 LIMITED LIABILITY COMPANY

Jan 23, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT #L05000048550 01-23-2006 90140 022 ****50.00 1. Entity Name LIME GROUP, LLC Principal Place of Business Mailing Address SUBBLISH 416 LIME DRIVE 416 LIME DRIVE NOKOMIS, FL 34275 NOKOMIS, FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2862204 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLINGBEIL, ROBERT T JR Street Address (P.O. Box Number is Not Acceptable) 341 VENICE AVENUE WEST VENICE, FL 34285 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Delete TITLE ☐ Change ☐ Addition NAME D'AIUTO, RAYMOND F NAME STREET ADDRESS 416 LIME DRIVE STREET ADDRESS CITY+ST-7IP NOKOMIS, FL 34275 CITY-ST-7IP MGRM Change MGRM TITLE ☐ Delete TITLE ☐ Addition Kerkering Richard T 412 Lime Drive KERKERING, RICHARD T NAME NAME STREET ADDRESS 346A SIERRA MADRE DRIVE STREET ADDRESS CITY-ST-ZIP OCEANSIDE, CA 92054 CITY-ST. 7IP MGRM TITLE Delete Change TITLE ■ Addition RATTIGAN, JOHN NAME NAME STREET ADDRESS 6163 47ST EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

le. SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OKAUTHORIZED REPRESENTATIVE