2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000051841** 05-01-2006 90049 041 ****50.00 FLORIDA VP CLARCONA, LLC Principal Place of Business Mailing Address PARREDUZ -310-WEST-CENTRAL-PARKWAY, SUITE 7000 310 WEST-CENTRAL PARKWAY, SUITE 7000 ALTAMONTE-SPRINGS-FL-32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address 04282006 2200 LUCIEN WAY, STE 410 2200 LUCIEN WAY, STE 410 Chg-LLC CR2E083 (11/05) MAITLAND FL 32751 MAITLAND FL 32751 4. FEI Number Applied For 20-4206315 Not Applicable 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 MIKKELSON, WM. MICHAEL 2200 LUCIEN WAY, STE 410 Acceptable) 310 WEST CENTRAL PARKWAY, GUITE-7000 ALTAMONTE SPRINGS, FL 32714 MAITLAND FL 32751 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. 1 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 9. 10. ADDITIONS/CHANGES managing member TITLE ☐ Delete TITLE ☐ Change Addition MIKKELSON, WM MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2200 LUCIEN WAY, STE 410 CITY-ST-ZIP CiTY-ST-7IP MAITLAND FL 32751 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED