2006 LIMITED LIABILITY COMPANY

Mar 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000052653** 03-10-2006 90127 050 ****50.00 ITY BITY TRACTOR, LLC Principal Place of Business Mailing Address 9165 SE 108TH PL 9165 SE 108TH PL BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 20014501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For 2c - 2**9**3 7737 Not Applicable Żip Zip Country ... 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 BRANDLEIN, ALLEN P Street Address (P.O. Box Number is Not Acceptable) 9165 SE 108TH PL BELLEVIEW, FL 34420 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 BRANDLEIN, ALLEN P NAME NAME STREET ADDRESS 9165 SE 108TH PL STREET ADDRESS CiTY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

TEN J. BUYNDTEIN