2006 LIMITED LIABILITY COMPANY

L05000053604 **ANNUAL REPORT** FILED DOCUMENT # L05000053604 06 OCT 23 AM 10: 20 335 BEARD STREET, LLC SECRETANT OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 335 BEARD STREET 335 BEARD STREET TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #. etc. 07142006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 92873 Not Applicable Zio Country Country Zip \$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 HARRIS, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 335 BEARD STREET TALLAHASSEE, FL 32303 City Zio 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 Squapue, typed or printed name of registered agent and tate of applicable. (NOTE: Registered Agent signesses required when remetating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florids Department of State 9. . MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE Change Addition HARRIS, ROBERT C NAME STREET ADDRESS 335 BEARD STREET STREET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 32303 CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Delete HTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete HILE Change Acdition INLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP Delete TITLE TITLE Change Addition NAME HAME 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 their 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 of trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

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ATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

07-18-2006 90007 011 ****50.00