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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L05000053606** 06 OCT 23 AM 10: 23 1. Entity Name 1115 NORTH GADSDEN STREET, LLC SECKETART 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, Apt. #, etc. 07142006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 9288 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 335 BEARD STREET TALLAHASSEE, FL 32303 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of regimened agent and trie if applicable. (NOTE: Registered Agent signature required when renatating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME HARRIS, ROBERT C NARAF STREET ADORESS 335 BEARD STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP 🗋 Delete MILE ☐ Change ☐ Addtion TITLE NAME STREET ADDRESS STREET ADDRESS DIY-SI-ZP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cri Y - St - ZiP CITY-ST-7/P ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Deleta Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 017-51-72 CITY-ST-ZP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP C11Y-51-20 11. Thereby 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 tree 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 eccept or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. La

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