2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
06-30-2006 90059 027 ****55.00

DOCUMENT # L05000055497

1. Entity Name
LICEAWAY, LLC

Principal Place of Business	Mailing Address
15400 ROOSEVELT BLVD #628 CLEARWATER, FL 33760	15400 ROOSEVELT BLVD #628 CLEARWATER, FL 33760

06272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
17384 Kennedy Dr	17384 Kennedy Dr
Suite, Apt. #, etc.: N. Redington Bch	Suite, Apt. #, etc.:
City & State: FL 33708	City & State: N. Redington Bch
Zip: 33708 Country: USA	Zip: 33708 Country: USA

4. FEI Number: 20-2948074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ODELSKOG, SUSANNE
15400 ROOSEVELT BLVD #628
CLEARWATER, FL 33760

change of address

7. Name and Address of New Registered Agent

Name: Susanne Odelskog
Street Address (P.O. Box Number is Not Acceptable): Kennedy Dr 17384
City: N. Redington Bch FL Zip Code: 33708

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: [signature] DATE: 6/23/06
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 September 8, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ODELSKOG, SUSANNE 15400 ROOSEVELT BLVD #628 CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Susanne Odelskog 17384 Kennedy Dr N Redington Bch FL 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 6/23/06 727-368-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #