2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000056237** 05-01-2006 90082 018 ****50.00 M & C INFINITY DEVELOPMENT, LLC Principal Place of Business Mailing Address 1330 NW 6TH STREET 1330 NW 6TH STREET SUITE A-1 SUITE A-1 GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 2. Principal Place of Business 8828 SW 44* 3. Mailing Address 8828 SW 44+ L Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E083 (11/05) Chg-LLC City & State Galiles Ville City & State 4. FEI Number Applied For 656 Gainesville Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 32608 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARNES, JAMES J 1330 NW 6TH STREET SUITE A-1 GAINESVILLE, FL 32601 Gainesville 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 8. The above name: the obligations SIGNATURE 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 MLE TITLE **Delete** ☐ Change ☐ Addition CARNES, JAMES J MALE NAME STREET ADDRESS 1330 NW 6TH STREET, SUITE A-1 STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32601 CTTY-ST-ZIP MGRM TITLE ☐ Delete រាn e ■ Addition ☐ Change CARNES, ROBERT M NAME NAME STREET ADORESS 1330 NW 6TH STREET, SUITE A-1 STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32601 CITY-ST-ZIP MGRM TITLE ☐ Delete ПΠЕ M GRM ☐ Addition MARIS, ROBER JR. 9828 SW 44+ Lane Gainesville FL 32 MARIS, ROGER NAME STREET ADORESS 1330 NW 6TH STREET, SUITE A-1 STREET ADDRESS 32608 CITY-ST-ZIP GAINESVILLE, FL 32601 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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.

FILED