2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 11, 2006 8:00 am Secrétary of State _____**L0500056534** 07-11-2006 90119 029 ****50.00 COLVIN RESOURCE HOLDING L.L.C. Principal Place of Business Mailing Address 511 S. CASEY KEY ROAD P.O. BOX 1587 NOKOMIS, FL 34275 NOKOMIS, FL 34274 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 0.000000 4. FEI Number 20-3258870 Applied For City & State City & State Not Applicable Zip Zip Country \$5.00 00000000 Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLVIN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 511 S. CASEY KEY ROAD NOKOMIS, FL 34275 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignisture required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MILE MGRM: TITLE ☐ Change ☐ Addition Delete COLVIN, JOHN M NAME NAME 511 S. CASEY KEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CiTY-ST-ZIP MGRM Delete ☐ Change ☐ Addition COLVIN, BETH E NAME NAME 511 S. CASEY KEY ROAD STREET ADDRESS STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P Delete Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CrTY-ST-7IP 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.

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