2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

| DOCUMENT # L05000062120 1. Entity Name MODOT, LLC | | | | | 02-02-2006 9 | 0093 040 ****50. | 00 | |
|---|---|--|---|--|------------------------|--|--|--|
| Principal Place of Business 1370 NE DIXIE HIGHWAY JENSEN BEACH, FL 34951 US | | Mailing Address 2402 CAPTAINS WAY JUPITER, FL 33477 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suliu, Apt. #, etc. | | Suite, Apt. #, etc. | | 01112006 | Chg-LLC | CR2E083 (11/05) | | |
| City & State | | City & State | | 4. FEI Number | 3084 | | oplied For of Applicable | |
| Zip | Country | Zip | Country | | of Status Desired | S5.00 Add | | |
| | 6. Name and Address of Curre | nt Registered Agent | | 7 Name and | Address of New R | legistered Agent | | |
| NO. 05.4 - | 4453 (1)4 | | Name | | | | | |
| NOVICK, MARVIN 2402 CAPTAINS WAY JUPITER, FL 33477 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ĺ | | | | | | | | |
| .3 | | | City | FL Zip Code | | | | |
| | named entity submits this statement ions of registered agent. | for the purpose of changing its r | egistered office or regi | stered agent, or bot | h, in the State of Flo | orida. I am familiar with, | and accept | |
| Oldivitoria. | Signature, typed or printed name of registered agr | ont and title if applicable. (NOTE. | Registered Agent signature reg | uired when reinstating) | | DATE | | |
| | | | | | | | | |
| Fi Di | ling Fee is \$50.00 ue by May 1, 2006 | | | | | e check payable to a Department of State | e | |
| Fi Di | ue hy May 1, 2006 | BERS/MANAGERS | 10. | | | e check payable to a Department of State | e | |
| Di | ue hy May 1, 2006 | BERS/MANAGERS | 10. IIILE | | Florida | e check payable to a Department of State | e ☐ Addition | |
| 9. TITLE NAME | MANAGING MEM MGRM NOVICK, MARVIN | | TITLE NAME | | Florida | e check payable to a Department of State /CHANGES | | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | | TITLE NAME STREET ADDRESS | | Florida | e check payable to a Department of State /CHANGES | | |
| 9. THILE NAME STREET ADDRESS CITY-SI-ZIP | MANAGING MEM MGRM NOVICK, MARVIN | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Florida | e check payable to a Department of State (CHANGES | ☐ Addition | |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITE | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | Florida | e check payable to a Department of State /CHANGES | | |
| 9. THILE NAME STREET ADDRESS CITY-SI-ZIP | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Florida | e check payable to a Department of State (CHANGES | ☐ Addition | |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | Florida | e check payable to a Department of State (CHANGES | ☐ Addition | |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP TIT'; NAME STREET ADDRESS CITY-SI-ZIP TITLE | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Florida | e check payable to a Department of State (CHANGES | ☐ Addition | |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP THIC NAME STREET ADDRESS CITY-SI-ZIP | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Florida | e check payable to a Department of State (CHANGES | Addition | |
| 9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITT; NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | | Florida | e check payable to a Department of State (CHANGES | Addition | |
| 9. THTLE NAME STREET ADDRESS CITY-ST-ZIP TITT; NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | MANAGING MEM MGRM NOVICK, MARVIN 2402 CAPTAINS WAY | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE | | Florida | e check payable to a Department of State (CHANGES | Addition | |
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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.

S'GNATURE: MUNT WOULK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

334 172-344 9382