2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # L05000065571** 1. Entity Name 04-21-2006 90014 040 ****50.00 MAYO LAND PARTNERS, LLC Principal Place of Business Mailing Address 5409 COTEE RIVER DRIVE 5409 COTEE RIVER DRIVE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL. 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Numbe Applied For 20-3360328 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWARTSEL, MARK E Street Address (P.O. Box Number is Not Acceptable) 5409 COTEE RIVER DRIVE NEW PORT RICHEY, FL 34652 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 signature required when reinstating) 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. TITLE MGRM ☐ Delete TITLE Change ☐ Addition ŚWARTSEL, MARK E NAME MANIE 5409 COTEE RIVER DRIVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-ZOP ☐ Delete Addition TITLE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST - 7IP CITY ST-74P ☐ Defete MLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TIDE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change T Addition ☐ Delete TITE F TITLE NAME STREET ADDRESS STREET ADDRESS 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.

OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED