2006 LIMITED LIABILITY COMPANY

Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-28-2006 90010 046 ****50 00 **DOCUMENT #L05000067045** M & K DEVELOPMENT, L.C. იიი გიგე Principal Place of Business Mailing Address 1205 E. KNIGHTS GRIFFIN ROAD 1205 E. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565 PLANT CITY, FL 33565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 3142602 Not Applicable Country 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 TANCREDO, CHISTOPHER A ESQ. THE TANCREDO LAW FIRM, P.A. Street Address (P.O. Box Number is Not Acceptable) 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563-4336 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 Styreture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9 ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition KIRKLAND, ROBERT NAME HAME STREET ADDRESS 1205 E. KNIGHTS GRIFFIN ROAD STREET ADDRESS COY-ST-7/P PLANT CITY, FL 33565 CITY-ST-ZIP MLE MGRM Oelete TITLE ☐ Change ☐ Addition MARCHNER, MICHAEL HALLE NAME 1205 E, KNIGHTS GRIFFIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition KULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7# TITLE Delete Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP UNE Ociete TITLE Channe ☐ Addition MALA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/(Y-51-79) CITY-ST-ZIP

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11. Thereby 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.

Ozytima Phone #