2006 LIMITED LIABILITY COMPANY

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Mar 28, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L05000071181** 03-28-2006 90010 035 ****55.00 CEB ENTERPRISES, LLC Principal Place of Business Mailing Address 12198 COUNTY ROAD 512 12198 COUNTY ROAD 512 FELLSMERE, FL 32948 FELLSMERE, FL 32948 2. Principal Place of Business 3. Mailing Address 1615 SE Village Green Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State Port St Luciu Applied For City & State 4. FEI Number 20-4543919 Not Applicable 74<u>952</u> Country \$5.00 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGLISH, CHRISTIE B. Street Address (P.O. Box Number is Not Acceptable) 12198 COUNTY ROAD 512 FELLSMERE, FL 32948 City Zip Code FL 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 Sonature, typed or printed name of requisered 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 10. 9. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BIGGE, CHARLES MAME STREET ADDRESS 12198 COUNTY ROAD 512 STREET ADDRESS FELLSMERE, FL 32948 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE

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11. I hereby certify that the information supplied with this fitting does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same leg limited liability company or the receiver or trustee empowered to execute this report as required.	al effect as if made under oath; that I am a mar	I further certify that the information naging member or manager of the
SIGNATURE: Sheatine & English	324-06	712:335-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTI	HORIZED REPRESENTATIVE Date	Daytme Phone #