2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2006 8:00 am Secretary of State **DOCUMENT # L05000073181** 1. Entity Name FINE FINNISH, LLC 05-03-2006 90028 033 ****50.00 Principal Place of Business Mailing Address 5798 NORMANDY 5798 NORMANDY CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business 3. Mailing Address 5798 5798 NORMANO Suite, Apt. #, etc. Suite, Apt. #. etc. 04302006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State FEI Number CRESTVIEU Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registr 7. Name and Address of New Registered Agent Name BAKER, DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) **5798 NORMANDY** CRESTVIEW, FL 32536 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and site if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to . Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Addition Detete TITLE BAKER, DOUGLAS E NAME STREET ADDRESS **5798 NORMANDY** STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-7IP ППЕ ☐ Defete TITS F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE Change Addition KALE" MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP TITLE Delete TTS E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITI F ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-71P 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 fimited liability company or the receiver or trustee empowered to execute this report is required by Chapter 608, Florida Statutes. a

ER, MANAGER, OR ALTROPOTED HEPRESENTATIVE

FILED