2006 LIMITED LIABILITY COMPANY

Mar 06, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000074039** 03-06-2006 90202 025 ****50.00 1. Entity Name NAMÁ, LLC Principal Place of Business Mailing Address 237 VENEZIA COURT 237 VENEZIA COURT PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 01-0840893 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 AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) **SUITE E** venezia 773 4TH AVENUE NORTH NAPLES, FL 34102 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 3/3/06 SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE MGRM Change ☐ Addition NAME NASH, ERIC NAME STREET ADDRESS 237 VENEZIA COURT STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NASH, RHONDA NAME STREET ADDRESS 237 VENEZIA COURT STREET ADDRESS CITY-ST-7IP PUNTA GORDA, FL 33950 CITY-ST-ZIP MGRM TITLE TITLE ☐ Delete Change ☐ Addition MARTINEZ, AYMEE NAME STREET ADDRESS 237 VENEZIA COURT STREET ADDRESS CiTY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MARTINEZ, RICARDO NAME NAME STREET ADDRESS 237 VENEZIA COURT STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED