2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 22, 2006 8:00 am Secretary of State **DOCUMENT # L05000076252** 04-27-2006 90028 036 ****50.00 1. Entity Name TEQUESTA CAY, L.L.C. Principal Place of Business Mailing Address 30008790 **169 TEQUESTA DRIVE** 801 MAPLEWOOD DRIVE JUPITER, FL 33469 SUITE 17 RUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 01232006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIRVIN, D.R. ESQ. Street Address (P.O. Box Number is Not Acceptable) 1080 E. INDIANTOWN ROAD SUITE 105 JUPITER, FL 33477 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee Is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Ociete TITLE Change ■ Addition MORRIS, JOHN E NAME NULF STREET ADDRESS 801 MAPLEWOOD DRIVE STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TELE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 712 ☐ Delete Change ☐ Addition MILE MALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDF Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Adddion NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-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 further empowered large source this report as required by Chapter 608, Florida Statutes. NAME OF THE PROPERTY OF AUTHORIZED REPRESENTATIVE SIGNATURE: SIGNATURE AND DIFFED OF PRINTED HAPE OF SIGN

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