2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000080059** 05-01-2006 90033 042 ****55.00 FLORIDA COMMERCIAL PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address **729 COLORADO AVENUE** 729 COLORADO AVENUE STUART, FL 34994 STUART, FL 34994 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite. Apt. #, etc. 01062006 CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 06-1760839 Not Applicable Zio Zin Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AYDELOTTE, W. THOMAS Street Address (P.O. Box Number is Not Acceptable) 729 COLORADO AVENUE STUART, FL 34994 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or profied name of registered agent and the flappicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRUN TILLE ☐ Change **Addition** TITLE ☐ Delete ALEXANDER Aydelotte 729 Colorado Ave STUART, FL. 34994 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGRM Addition TITLE De ete TITLE ☐ Change W. Thomas Ardelotte 729 colorado Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART . FL. 34994 CITY-ST-ZIP ☐ Change ☐ Addition De ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition De lete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 memoer or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

CETY-ST-ZIP

CITY-ST-ZIP

772-223-3646 ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE