## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L05000080553** GREÁT EXUMA CONSTRUCTION BAHAMAS, LLC 06 JUL 13 PM 8: 47 Principal Place of Business Mailing Address 1901 PARKER DRIVE 1901 PARKER DRIVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112006 Chg-LLC CR2E083 (11/05) Applied For **▲** FEI Number City & State City & State 54-2184055 Not Applicable Zip Country 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 Name PENNEY, ALLEN R Street Address (P.O. Box Number is Not Acceptable) 1901 PARKER DRIVE ENGLEWOOD, FL 34223 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Defete Addition TITLE TITLE NAME ACTION TEK, INC. NAME 1901 PARKER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change AFFINITI ARCHITECTS POLUCE NAME NAME STREET ADDRESS 6100 BROKEN SOUND PKWY, SUITE 8-STREET ADDRESS BOGA RATON: FL-93487 CITY-ST-7IP CITY-ST-70 TITLE MGRM Delete TITLE Change Addition Blue Unlimited Corporation 730 NE 74th St. Boca Rator, FL 33487 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT) £ 1m £ ■ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P TITLE Delete TITLE ☐ Change ☐ Addition MALIE MALIE **₹TREET ADDRESS** STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 1. 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 trusted empoyered to execute this report as required by Chapter 608, Florida Statutes. <u>941-266-2569</u> SIGNATURE: YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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