2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 17, 2006 8:00 am Secretary of State **DOCUMENT # L05000081432** 08-17-2006 90044 039 ****50.00 1. Entity Name JACK B. WELCH, LLC Principal Place of Business Mailing Address 3565 N SPEER ROAD 3565 N SPEER ROAD US PLANT CITY, FL 33565 PLANT CITY, FL 33565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07242006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State 20-351 3036 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 WELCH, JACK B Street Address (P.O. Box Number is Not Acceptable) 3565 N SPEER ROAD PLANT CITY, FL 33565 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 (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE! □ Delete TITLE ☐ Change ☐ Addition WELCH, JACK B NAME NAME 3565 N SPEER ROAD STREET ADDRESS STREET ADDRESS PLANT CITY, FL 33565 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITE 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

FILED

2006 LIMITED LIABILITY COMPANY ATTACHMENT ANNUAL REPORT

DOCUMENT # L05000081432 1. Entity Name JACK B. WELCH, LLC								. 10		
Principal Place of Business Malling Address							20052	1812		
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (11/05)		
City & State			City & State			4. FEI Numi	-351303	3 (0 N	pplied For ot Applicable	
Zip	Country		Zip	Zip Count			e of Status Desired	\$5.00 Ad	ditional	
6. Name and Address of Current F			nt Registered Agent	!	-	7. Name an	7. Name and Address of New Registered Agent			
WELCH, JACK B					Name					
3565 N SPEER ROAD PLANT CITY, FL 33565				Stre		s (P.O. Box Numl	ber is Not Acceptable	e) 		
					City			□ Zip Coo		
8. The above	named entit	v submits this statement	for the number of changing its	register	l	tered agent or b	oth in the State of Eig	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 Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by September 6, 2006								e check payable to a Department of Stat	b e	
9.	Lucou	MANAGING MEM	BERS/MANAGERS	10.		_	ADDITIONS			
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SIGNATURE: 7/24/06 813/598-9885										