2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # L05000083993 1. Entity Name 05-01-2006 90037 030 ****50.00 LAVENDER HILL HOLDINGS, L.L.C. Mailing Address Principal Place of Business 4796 CRAYTON COURT NAPLES FL 34103 4796 CRAYTON COURT NAPLES FL 34103 2. Principal Place of Business: 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-3367129 Not Applicable Zip Country Country Zip \$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 ANDERSON, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 4796 CRAYTON COURT NAPLES FL 34103 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ALEXANDER ANDERSON TITLE MGKH TITLE Delete ☐ Change Addition NAME NAME 4796 CRAYTON COURT STREET ADDRESS STREET ADDRESS NAPLES, FLORIDA 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE MGLM KAREN ANDERSON 4790 CRAYTON COURT TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS NAPLES, FLORIDA 34103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 Section 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

lepril 18, 2006

Daytime Phone #