2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 14, 2006 8:00 am Secretary of State 05-04-2006 90020 017 ****50.00

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City & State Country Country Country Country Country Country S. Certificate of Status Desired S. Name and Address of Currant Registered Agent 7. Name and Address of New Registered Agent City & State Casset Larry L LITTRELL, LARRY L Casset Larry F, 1 32707 City FL Zip Code State Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entry submits init statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and the obligations of registered agent. SIGNATURE Signate spokes or orecast new or registered agent. SIGNATURE Signate spokes or orecast new or registered agent. SIGNATURE Signate spokes or orecast new or registered agent. DOTE: Registered office or registered agent, or both, in the State of Rorida. I am familiar with, and the obligations of registered agent. SIGNATURE Signate spokes or orecast new or registered agent. DOTE: Registered office or registered agent, or both, in the State of Rorida. I am familiar with, and the obligations of registered agent. DOTE: Registered agent. DOTE: Registered agent. or both, in the State of Rorida. I am familiar with, and the obligations of registered agent. DOTE: Registered	2. Principal P	face of Business	3. Mailing Address						
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Street Address of Current Registered Agent ILITRELL, LARRY L Street Address (P.O. Box Number is Not Acceptable) Clay City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of registered agent. DATE STREET ADDRESS TITIS ADDRESS (The above named entity submits in its statement for the purpose of chenging its registered office or registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of registered agent, or both, in the State of Piorice. I am familiar with, and the obligations of Piorice. I am familiar with, and the obligations of Piorice. I am familiar with, and the obligations of Piorice. I am familiar with, and the obligations of Piorice. I am familiar with, and the obligations of Piorice. I am familiar with an am familiar with a	Žíp	Country	Zip	Country			10100	□ \$5.00	O Additional
LITTRELL LARRY L 2/2 ANORTH LOST LAKE LANE CASSELBERRY, FL 32707 City FL Zip Code		6. Hame and Address of Curr	ent Registered Agent	Nac	me	7. Name and	Address of New R		
B. 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 the obligations of registered agent. SIGNATURE SIGNATURE Synther, typed to preserve long of registered agent. NOTE Repeated Agint signals isolated who mendating) DATE	124 NORT	H LOST LAKE LANE		Stre	et Address (P.O. Box Numb	per is Not Acceptable)	
8. The above ramed entity submits his statement for the purpose of changing its registered office or registered spent, or both, in the State of Plorida. I am familiar with, and the obligations of registered agent. SIGNATURE				Cit ₃	,		_ 	FL Zip	Code
B. MANAGING MEMBERS / MANAGERS ITTLE MAKE LITTRELL, LARRY L 124 NORTH LOST LAKE LANE CITY-ST-2P ITTLE MAKE CASSELBERRY, FL 34707 Delete ITTLE MAKE STREET ADDRESS CITY-ST-2P THE Change Change	the obligate	ions of registered agent. Signature, typed or printed name of registered a						DATE	
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