2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90042 039 ****50.00

| Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, BARBARA E 2422 MAYWOOD ST. EUSTIS, FL 32726 City FL 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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to | 2422 MAYWOC EUSTIS, FL 32 2. Principal Plac Suite, Apt. #, | DD ST. 1726 | 2422 MAYWOOD ST. | | | | | 0042 039 ****50 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| City & State City & State City & State City & State Applied Fountry Signature and Address of Current Registered Agent Not Applied Fountry Street Address of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make check payable to | | | 3. Mailing Address | | | | | | |
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| | SIGNATURE | gnature, typed or printed name of registered agent a | and title if applicable. (NO | TE: Registered Agent | signature required | when reinstating) | | DATE | |
| Due by May 1, 2006 Florida Department of State | Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | 9 | |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES | 9. | MANAGING MEMBE | I RS/MANAGERS | 10. | | 1 | | | |
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| | | • | ☐ Delete | TITLE NAME | | ***** | ADDITIONS/0 | | |
| | STREET ADDRESS 2 | 2422 MAYWOOD ST. | ☐ Delete | TITLE NAME STREET ADDR | | | ADDITIONS/0 | | |
| NAME COLLINS, ALICIA NAME | STREET ADDRESS 2 CITY-ST-ZIP E | 2422 MAYWOOD ST. EUSTIS, FL 32726 | | TITLE NAME STREET ADDR | | | ADDITIONS/0 | ☐ Change | ☐ Addition |
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limited liability company or the receiver or trustee empoyaged to execute this report as required by Chapter 608, Florida Statutes.