2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State **DOCUMENT # L05000093666** 03-06-2006 90198 010 ****50 00 PALM SPRINGS REAL ESTATE, LLC Principal Place of Business Mailing Address 922 LIVEOAK LEAF COURT 922 LIVEOAK LEAF COURT APOPKA, FL 32712 US APOPKA, FL 32712 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For 224-96-3212 Not Applicable Zip Country Ζiρ 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 JONES, BRET ESQ. Street Address (P.O. Box Number is Not Acceptable) 700 ALMOND STREET CLERMONT, FL 34711 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 Fiorida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition PREBLE, JONATHAN WIDMD NAME NAME 922 LIVEOAK LEAF COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 2/06

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 06, 2006 8:00 am

Daytime Phone #