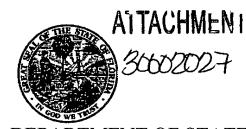
FILED Mar 09, 2006 8:00 am Secretary of State 02-23-2006 90231 040 ****50.00

| DOCUMENT # L05000095017 1. Entity Name OPAL JORDAN LLC | | | | | | 711BD 20 0H | | | |
|--|--|---|--------------------------|--|--|--------------------|--------------------------|---------------|-----------------------------|
| Principal Place of Business 7132 EAST GATE ROAD MILTON, FL 32570 | | Mailing Address PO BOX 331 BAGDAD, FL 32530 | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | 01272006 | Chg-LLC | CR2E0 | 83 (11/05) | |
| City & State | | City & State | | | 4. FEI Number | 53590 | / | | optied For ot Applicable |
| Zip Country | | Zip Countr | | Iry | | of Status Desired | \$5.00 Additional | | |
| | 6. Name and Address of Current | Registered Agent | .l | Name | 7. Name and | Address of New | Registered | Agent | |
| JÖRDAN, (7132 EAST MILTON, F | GATE ROAD | | | Street Address | (P.O. Box Numb | er is Not Acceptab | ole) | | |
| | | | | City | | | FL | Zip Cod | 8 |
| FI. | Sometime, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2006 | and take of applicable. (AC | TE. Registere | d Agent signifikire reduired | d when rematating) | | ke check p la Departm | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JORDAN, OPAL SR PO BOX 331 BAGDAD, FL 32530 | Delgte | | | | | | □ Charge | ☐ Add±igi |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGR ADAMS, DARRON L 1250 FORT SMITH CIRCLE PENSACOLA, FL 32505 | ☐ Delete | | 1 | | | - 4 | ☐ Charge | ☐ Addit cn |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | · 1 | | | | Ciravde | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Delets | | · | | | · | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | · | ☐ Delete | | 1 | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Delete | | · • | | | | Change | Addition |
| indicated | ertify that the information supplied with on this report is true and accurate and bility company or the receiver of hyster supplied to the sup | t that my signature shall have | e the sam s report as | e legat effect as it n s required by Chap | nade under oath ster 608, Florida ! | ; that I am a mans | aging membé | that the info | rmation ir of the |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

OPAL JORDAN LLC PO BOX 331 BAGDAD, FL 32530

Subject: OPAL JORDAN LLC

Reference Number:

L05000095017

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

Actualledged. 3.4.06 see Block#4

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION