2006 LIMITED LIABILITY COMPANY

FILED Mar 24, 2006 8:00 am Secretary of State

Comparable Com	ANNUAL REPORT					Secretary or State			
2967 MEADOW WOODD DR CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Agul, 4, etc. Suite, Agul, 4,	1. Entity Nam	ne			03-24-2006	90219 027 ****5	0.00		
2997 MEADOW WOODD DR	Principal Plac	on of Business	Mailine Address			4004044	24		
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City & State City	2. Principal Place of Business		3. Mailing Address						
Signature Sign			Suite, Apt. #, etc.						
Name and Address of Current Registered Agent Share					4. FEI Numb	431031		t Applicable	
No. Post P	Zip		Zip	Prove ((AS			Fee Require		
POX_PATRICIA B Septembries Pobles Septembries Pobles Septembries Pobles Poble		6. Name and Address of Current I	Registered Agent	Nome -	7. Name and	Address of New R	egistered Agent		
City FL Zip Code City Code C					ddress (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00							·		
SIGNATURE Signature Section S	,			City			FL Zip Code	9	
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Filing Foe is \$50.00 By May.1, 2006 9. MANAGING MEMBERS/MANAGERS ITILE NAME FOX, PATRICIA B 2987 MEADOW WOOD DR CLEARWATER, FL 33761 ITILE NAME STREET ADDRESS CITY-ST-2P ITILE NAME	SIGNATURE	Signature, typed or, printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature reg	iired when reinstating)		DATE		
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

3-22-06 Daytime Phone #