

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90145 039 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                     |                                                                                                                                                                                                |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000099636</b><br>1. Entity Name<br><b>LIZ DUNN, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                     |                                                                                                                                                                                                |  |  |
| Principal Place of Business<br><b>729 SOUTH FEDERAL HIGHWAY<br/>STUART, FL 34994</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                     | Mailing Address<br><b>729 SOUTH FEDERAL HIGHWAY<br/>STUART, FL 34994</b>                                                                                                                       |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | 3. Mailing Address  |                                                                                                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | Suite, Apt. #, etc. |                                                                                                                                                                                                |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | City & State        |                                                                                                                                                                                                |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                             | Zip                 | Country                                                                                                                                                                                        | 4. FEI Number<br><b>22-4805793</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                     |                                                                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                     | 7. Name and Address of New Registered Agent                                                                                                                                                    |                                                                                   |  |
| <b>DUNN, LIZ<br/>729 SOUTH FEDERAL HIGHWAY<br/>STUART, FL 34994</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                                     |                     |                                                                                                                                                                                                |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                     |                                                                                                                                                                                                |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                     |                                                                                                                                                                                                | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                     | 10. ADDITIONS/CHANGES                                                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MANAGER<br/>LIZ DUNN<br/>729 S. FEDERAL HWY STUART, FL 34994</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |                                                                                                     |                     |                                                                                                                                                                                                |                                                                                   |  |
| <b>SIGNATURE: <u>Elizabeth S. Dunn</u> MANAGER, 7/10/06 772.260.1687</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                         |                                                                                                     |                     |                                                                                                                                                                                                |                                                                                   |  |

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