2006 LIMITED LIABILITY COMPANY

Jun 02, 2006 8:00 am **Secretary of State ANNUAL REPORT** 05-01-2006 90073 038 ****50.00 **DOCUMENT # L05000102306** 1. Entity Name LUXMARK, LLC Principal Place of Business Mailing Address 30009372 130 RIVIERA DUNES WAY 130 RIVIERA DUNES WAY PALMETTO, FL 34221 US PALMETTO, FL 34221 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E083 (11/05) Chg-LLC Applied For Not Applicable City & State City & State 4. FEI Number Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Hame and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEEBLES & MORIARTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1111 3RD AVENUE WEST **SUITE 210 BRADENTON, FL 34205** 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 Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed herine of replacement agent and tale if applicable. (NOTE: Registered Agent signature required when rein Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MILE ☐ Change ☐ Addition kruotius Woulder ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS 34331 CITY-ST-ZIP CITY-ST-ZP WKUlber ☐ Dalete TITLE ☐ Change ☐ Addition Ru & Blace IIILE NUME MASSE STREET ADDRESS STREET ADDRESS Michelle Direction CITY-ST-ZIP CITY-ST-ZIP 34991 ancond O Delete 1ME ☐ Chance ☐ Addition TETE F NUME NUE Il see report stront STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P ☐ Addition TITLE ☐ Determ TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-ZIP ☐ Addition Delete titis Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-ZIP MLE Detete ☐ Change ☐ Addition MAE NAME STREET ACCRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby cartify 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED