2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

| | | | | | | | | ecreta | ry oi Sta | IIC |
|--|--|---|--|--|--|------------|--|-----------------------------|---|---|
| DOCUMENT # L05000107751 1. Enlity Name LLC, LLC | | | | | | | | | 00044 045 ****50. | |
| Principal Place | e of Business | | Mailing Address | | | ŀ | | | | |
| 221 N CAUSEWAY | | | 221 N CAUSEWAY | | | 1 | | | | |
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| NEW SMYRNA BEACH, FL 32168 | | | NEW SMYRNA BEACH, FL 32168 | | | | | | | |
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| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc | | | | 04062006 | Chg-LLC | CR2E083 (11/05) | |
| 2041 B | | | フU)や B | | | | | | | -Vad Far |
| City & State | | | City & State | | | | 4. FEI Numbe | "20-38 | 9/389 | oplied For of Applicable |
| Zip | Cou | intry | Zip | Coun | itry | | 5. Certificate | of Status Desired | □ \$5.00 Add | |
| 32160 | | | <u> 32/64</u> | | | | 7 None and | Address of New F | Fee Require | a |
| | 6. Name and A | ddress of Current R | egistered Agent | | Name | | 7. Name and | Address of New F | registered Agent | |
| STINIO/AL | LICAM | | | | Name | | | | | |
| SUNDVALL, LISA M 221 N CAUSEWAY SUITE B | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | 'RNA BEACH, F | FL 32168 | | | 501 | 40 A | 2 | | | |
| 1 | | | | | City | <u> </u> | | ···· | FL Zip Cod | е |
| 8. The above | named entity subm | nits this statement jør | the four pose of changing its | register | L ed office or | register | ed agent, or bot | h, in the State of FI | orida. I am familiar with, | and accept |
| the obligat | tions of registered a | gent. | /// | | | | | | 114 | |
| SIGNATURE . | XX | AN I | / / | T. D | | | uthor (circutation) | | DATE | |
| | Signature, typed or printed | name of registered agent an | d tine if applicable. (NO) | E: Hegistere | o Ageni signatu | ie iedanen | when reinstating) | | UNIT. | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | | | |
| | | | | | | | | | ce check payable to a Department of Stat | е |
| D | ue by May 1, 2 | | S/MANAGERS | 10. | | | | | a Department of Stat | e |
| 9. | ue by May 1, 2 | 2006 | | 10. | E | | | Florid | a Department of Stat | Addition |
| 9. | ue by May 1, 2 | MANAGING MEMBER | IS/MANAGERS Delete | | i i | | | Florid | a Department of Stat | |
| 9. | MGR SUNDVALL LIS | MANAGING MEMBER SA M | | TiTL NAM | i i | | urte B | Florid | /CHANGES Change | ☐ Addition |
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