2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90023 030 ****50.00

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1. Entity Name
PRIMAL SCREAM, LLC

Principal Place of Business	Mailing Address
140 S. BEACH STREET SUITE 400 DAYTONA BEACH, FL 32114 US	P.O. BOX 269 DAYTONA BEACH, FL 32115-0269 US

02142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
440 WESTERN RD	PO BX - 291278
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BCH FL	City & State: PORT ORANGE FL
Zip: 32168 8971 Country: US	Zip: 32129 1278 Country: US

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	>SAME	☒ Change ☐ Addition
NAME	BULLARD, ROBERT R		NAME		Address
STREET ADDRESS	140 S. BEACH STREET, #400		STREET ADDRESS	440 WESTERN RD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115		CITY-ST-ZIP	NEW SMYRNA BCH FL 32168 8971	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: Robert R Bullard Robert Bullard 4/26/06 386 428 7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #