


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90187 029 ****50.00

DOCUMENT # L05000112604	
1. Entity Name THE STEP ZONE, LLC	

Principal Place of Business 6614 BERRYHILL ROAD MILTON, FL 32570	Mailing Address 6614 BERRYHILL ROAD MILTON, FL 32570
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20007340



2. Principal Place of Business 7094 Hwy 90 East	3. Mailing Address 7094 Hwy 90 East
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State milton FL	City & State milton FL
Zip 32583	Zip 32583
Country USA	Country USA

4. FEI Number 20-3863283	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WISNIEWSKI, PAMELA J 6614 BERRYHILL ROAD MILTON, FL 32570	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
6551 Starboard Drive	
City milton	Zip Code FL 32570

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 *Paul J. Wisniewski* DATE *2/8/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNIEWSKI, JEFFREY S 6614 BERRYHILL ROAD MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISNIEWSKI, PAMELA J 6614 BERRYHILL ROAD MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mgr</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mgrm</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6551 Starboard Drive milton FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6551 Starboard Drive milton FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mgrm</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wisniewski, Edward L. 6614 Berry Hill Road milton FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

SIGNATURE: *Jeffrey S. Wisniewski* DATE *2/8/06* DAYTIME PHONE # *850-449-1569*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE