2006 LIMITED LIABILITY COMPANY

SIGNATURE: SIGNATURE AND TYPED OF FRE

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-20-2006 90023 017 ****50.00 **DOCUMENT #L05000115138** BARBARA J. PAGE, LLC **JUUUDOJD** Principal Place of Business Mailing Address 620 57TH AVENUE WEST **620 S7TH AVENUE WEST** LOT B16 LOT B16 BRADENTON, FL 34207 BRADENTON, FL 34207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 178253 Not Applicable Zin. Country Žiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 the obligations of registered agent. SIGNATURE Signature, typed or or nied name of registered agent and talle 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE IIILE ☐ Delete ☐ Change ☐ Addition PAGE, BARBARA J NAME MARKET STREET ADDRESS 620 57TH AVENUE WEST, LOT B16 STREET ADDRESS BRADENTON, FL 34207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oeleta TILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP O Delete IIILE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP Delete ☐ Chance ☐ Addition NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUTY - ST - 71P CITY-ST-ZP THTLE Delete TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-20P 11. Thereby certify that the information supplied with this filling 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 algorature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver expresses empowered to execute this report as required by Chapter 608, Florida Statutes.

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2006

BARBARA J. PAGE, LLC 620 57TH AVENUE WEST LOT B16 BRADENTON, FL 34207 US

Subject: BARBARA J. PAGE, LLC

11-3778253

Reference Number:

L05000115138

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh ANNUAL REPORTS SECTION

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