2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # L05000117888 02-06-2006 90172 026 ****50.00 UKAG GROUP IV. LLC Principal Place of Business Mailing Address 6162 SEA GRASS LN 6162 SEA GRASS LN NAPLES, FL 34116 NAPLES, FL 34116 20005251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3913 680 City & State City & State Applied For Not Applicable Zip Country 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 Name AG MANAGEMENT GROUP, LLC Street Address (P.O. Box Number is Not Acceptable) 6162 SEA GRASS LN NAPLES, FL 34116 City Zip Code FL 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 of punted 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE □ Delete TITLE ☐ Change Addition NAME AG MANAGEMENT GROUP, LLC NAME STREET ADDRESS 6162 SEA GRASS LN STREET ADDRESS NAPLES, FL:34116 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7P CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P 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. Quentin M. SILIC 2-2-06

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPORSENTATIVE

FILED

Feb 06, 2006 8:00 am

239-352-99*89*