

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90241 001 \*\*\*\*50.00

|   |   |  |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
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| <b>DOCUMENT # L05000117981</b>  |   |  |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>1. Entity Name</b><br>AUNT DELLA, LLC  |   |  |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>Principal Place of Business</b><br>6000 N U.S. HIGHWAY 27<br>OCALA, FL 34482   |   |  | <b>Mailing Address</b><br>6000 N U.S. HIGHWAY 27<br>OCALA, FL 34482   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>2. Principal Place of Business</b><br>6000 N U.S. Highway 27<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>Same                            |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>City &amp; State</b><br>Ocala FL 34482   |   | <b>City &amp; State</b><br>Same                              |   | <b>4. FEI Number</b><br>05112006 Chg-LLC CR2E083 (11/05)  |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>Zip</b><br>34482   |   | <b>Country</b><br>Marion                                     |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>6. Name and Address of Current Registered Agent</b><br>STANCIL, WILLIAM H<br>6000 N U.S. HIGHWAY 27<br>OCALA, FL 34482   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>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.</b>  |   |  |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |   |  |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |      |                        |                |                |                 |  |   |  |  |       |   |      |  |                |  |                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">William H Stancil</td> </tr> <tr> <td>NAME</td> <td>6000 N U.S. Highway 27</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Ocala FL 34482</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>     |   |  | TITLE   | William H Stancil   | NAME | 6000 N U.S. Highway 27 | STREET ADDRESS | Ocala FL 34482 | CITY - ST - ZIP |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> |  |  | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  | STREET ADDRESS |  | CITY - ST - ZIP |  |
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**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:** William H Stancil Authorized Representative  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #