

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118223

Entity Name: DROPADD LLC

FILED
Jun 10, 2006
Secretary of State

Current Principal Place of Business:

648 W JOHNS CREEK PKWY
ST AUGUSTINE, FL 32092

New Principal Place of Business:

538 NW 39TH RD
UNIT 306
GAINESVILLE, FL 32607

Current Mailing Address:

648 W JOHNS CREEK PKWY
ST AUGUSTINE, FL 32092

New Mailing Address:

538 NW 39TH RD
UNIT 306
GAINESVILLE, FL 32607

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL L JR
648 W JOHNS CREEK PKWY
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

JOHNSON, MICHAEL L JR
538 NW 39TH RD
UNIT 306
GAINESVILLE, FL 32607 US

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.

SIGNATURE: MICHAEL L JOHNSON JR

06/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, MICHAEL L JR
Address: 648 W JOHNS CREEK PKWY
City-St-Zip: ST AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, MICHAEL L JR
Address: 538 NW 39TH RD UNIT 306
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL L JOHNSON JR

MGR

06/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date