2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 02, 2006 8:00 am Secretary of State DOCUMENT #L05000120239 1. Entity Name 05-01-2006 90045 037 ****50 00 FAMMAD, LLC Principal Place of Business Mailing Address % CDL 505 SOUTH FLAGLER DRIVE, SUITE 910 505 SOUTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 394 3322 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 Citv 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 eccept the obligations of registered agent. DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Manager Floyd T Addition TITLE Delete TITLE Change NAME NAME - Clo CDL 305 S. Flagle Dr. Sute 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm 33401 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP TITLE ☐ Delcte TITLE ☐ Chânge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oeleta MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP MLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 11. I hereby certify that the information supplied with the information supplied with the information indicated on this report is true and accurate and loar by signature shall have the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or truesse exprover on execute this report is fouried by Chapter 608, Florida Statutes. SIGNATURE:

MEMORE MANAGER OF AUTH

UZED REPRESENTATIVE

Date

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