2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123449

DELAWARE & SIXTH LLC

CITY-ST-ZIP

SIGNATURE:



FILED

Secretary of State

Mar 31, 2006 8:00 am

772-283-4774

Daytime Phone #

03-31-2006 90181 015 ****50.00 Principal Place of Business Mailing Address 875 SE MONTEREY COMMONS BOULEVARD 875 SE MONTEREY COMMONS BOULEVARD STUART, FL 34996 US STUART, FL 34996 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 20-4130023 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 FOX, M. LANNING Street Address (P.O. Box Number is Not Acceptable) 1100 S. FEDERAL HIGHWAY STUART, FL 34994 City 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. (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 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGMR ☐ Delete TITI F ☐ Change ■ Addition NAME NAME James K. Bruner STREET ADDRESS STREET ADDRESS 875 SE Monterey Commons Blvd. CITY-ST-7/P CITY-ST-ZIP Stuart. FL 34996 TITLE ☐ De!ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

James K. Bruner

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.

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE