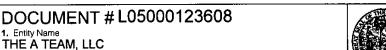
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS



☐ Change

☐ Change

Addition

☐ Addition

Principal Place of Business Mailing Address 9910 ALTERNATE A1A 9910 ALTERNATE A1A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 3. Mailing Address 2. Principal Place of Business 1329 MEMORIAL DR Suite, Apt. #, etc. 01192006 Chg-LLC CR2E083 (11/05) City & State Applied For 4. FEI Number City & State 20-4011076 HICOPEE MΑ Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 01020 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOWLER, GLENN Street Address (P.O. Box Number is Not Acceptable) 13610 CHATSWORTH VILLAGE DRIVE WELLINGTON, FL. 33414 City Zip Code 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Addition TITLE ☐ Change TITLE NAME DOWLER, GLENN NAME 9910 ALTERNATE A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE FERNANDES, LAURA NAME NAME 9910 ALTERNATE A1A STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete X Change ☐ Addition TITLE TITLE Tucker, John C. TAYLOR, JOHN C NAME NAME 9910 ALTERNATE A1A STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE