2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000100772** 04-26-2007 90035 016 ****50.00 W.R. REEL SCREAMER, LLC 60041400 Principal Place of Business Mailing Address 5517 21ST AVENUE W 5517 21ST AVENUE W SUITE H SUITE H BRADENTON, FL 34209 US BRADENTON, FL 34209 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Cha-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 733 / 43 20-Not Applicable Zip Country Zip 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 BLALOCK, WALTERS, HELD & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) **802 11TH STREET WEST** BRADENTON, FL 34205-7734 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE □ Change Addition RICKERT, WAYNE C NAME NAME 5517 21ST AVENUE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

WAYNE C. RICKERT

941-795-2261

FILED