2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # L98000003306 1. Entity Name CHUCK & JOE, LLC Principal Place of Business Malling Address C/O CHARLES BRAY C/O CHARLES BRAY **500 NORTH ATLANTIC AVENUE 600 NORTH ATLANTIC AVENUE** DAYTONA BEACH, FL 33118 DAYTONA BEACH, FL 33118 02062006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3547548 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent BRAY, CHARLES A DO NOT WRITE **600 NORTH ATLANTIC AVENUE** DAYTONA BEACH, FL 32118 IN THIS SPACE 3. 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 reinstalling) OATE Filing Fee is \$50.00 Due by May 1, 2006 3, MANAGING MEMBERS/MANAGERS MOR 7177.E NAME BRAY, CHARLES 04/08300650004500 50.00 600 NORTH ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FE 33118 MGR TITLE NAME GILLESPIE, JOSEPH 000000505068 04/26/06-80103-007 50.00 STREET ADDRESS 600 NORTH ATLANTIC AVENUE CITY-ST-ZIP DAYTONA BEACH, FL 33118 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TOTAL NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 stall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the problem or infered improved to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

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