2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

firmled hability company of the receiver of trustee

SIGNATURE:

Feb 15, 2006 08:00 AM DOCUMENT # L99000000523 **Secretary of State** 1. Entity Name HONORE & UNIVERSITY, L.L.C. Mailing Address Principal Place of Business 1001 THIRD AVENUE WEST, #470 P.O. BOX 111 **BRADENTON FL 34205** BRADENTON FL 34206 2. Principal Place of Business 3. Mading Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-0896462 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLALOCK LANDERS WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 - 11TH STREET WEST **BRADENTON FL 34205** Zip Code 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. SIGNATURE Signature, type d or premied name of respectation against an allel a appropriate (NOTE: Registered Agent signature required when remetativity) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TIME ☐ Delete MGR NAME NAME AJ HONORE, L.L.C. STREET ADDRESS 1001 THIRD AVENUE WEST, #470 STREET ADDRESS U00000434670 02/25/06-80011-019-50.00 CiTY-ST-ZIP CITY-S1-2RP BRADENTON FL 34205 Change ☐ Addition ☐ Delete THE TAILE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Щи Channe 🔲 Addition IJI) [Doleto NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-DD CITY-ST-ZIP ☐ Change Addition Delete TREE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-78P □ Change Addition 🔲 Delete. MLE WILE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-MP ☐ Change ☐ Addition ☐ Delete MILE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CRTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

this report as required by Chapter 608, Florida Statutes.

FILED