2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # L9900004802 05-02-2006 90027 032 ****50.00 ANKH INVESTMENTS OF FLORIDA, L.L.C. Principal Place of Business Mailing Address 6624 GATEWAY AVENUE 5129 KESTROL PARK PLACE SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEt Number Applied For NO-T APPLICABLE 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 PARKER, TED Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 106 SARASOTA FL 34237 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 Granture, typed or printed frame of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THILE MGRM Delete ☐ Change ■ Addition NAME ROUTH, ROBERT NAME STREET ADDRESS 5129 KESTREL PARK PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAI NAME STREET ADDRESS STREET ADDRESS

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

GER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED