2006 LIMITED LIABILITY COMPANY

SIGNATURE

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000009113** 04-17-2006 90037 049 ****50.00 1. Entity Name TOM-JAC, LLC **40030609** Principal Place of Business Mailing Address 911 50 ST. COURT WEST 911 50 ST. COURT WEST BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address 1120 Deer Run Road 1120 Deer Run Road Suite, Apt. #, etc. Suite, Apt. #, etc 04102006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Mansfield, OH 65-0973521 Mansfield, Not Applicable OH Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box 44906 U.S. 44906 Fee Required <u>v.s.</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition DOWNS, THOMAS S NAME NAME STREET ADDRESS 911 50TH ST COURT W STREET ADDRESS 1120 Deer Run Road CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Mansfield, OH 44906 MGRM TITLE ☐ Delete TITLE Change ☐ Addition DOWNS, JACQUELINE S NAME NAME STREET ADDRESS 911 50TH ST COURT W STREET ADDRESS 1120 Deer Run Road CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP Mansfield, OH 44906 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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 the bar 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 powered to execute this report as required by Chapter 608, Florida Statutes.

THOMAS S. Jours

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

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419-756-2494

FILED