2006 LIMITED LIABILITY COMPANY

Apr 18, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M05000001809** 04-18-2006 90008 048 ****50.00 PARKING BUILDERS, LLC Principal Place of Business Mailing Address 20032177 1621 S. EUCALYPTUS AVE. 1621 S. EUCALYPTUS AVE. **SUITE 215** SUITE 215 BROKEN ARROW, OK 74012 BROKEN ARROW, OK 74012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1054160 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ■ Addition Defete TITLE Change TITLE MARKLE, DAVID G NAME NAME 1621 S. EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROKEN ARROW, OK 74012 CITY-ST-7IP MGR TITLE Change ☐ Addition ☐ Delete TITLE EVILSIZER, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 1621 S. EUCALYPTUS AVE. OPLANDO, FL 32824 BROKEN ARROW, OK 74012 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME BOBITT, DAVID NAME 1621 S. EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS BROKEN ARROW, OK 74012 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTIN, DEBBIE NAME NAME 1621 S. EUCALYPTUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROKEN ARROW, OK 74012 CITY-ST-ZIP Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 that rify 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 that receiver or trustee employee to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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

Delete

☐ Change

[] Addition

FILED