2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # M05000004647** 02-23-2006 90228 033 ****50.00 JERIŚA LLC Principal Place of Business Mailing Address 2460 COUNTRY CLUB RD 2460 COUNTRY CLUB RD COOCUUUS LINCOLNTON, NC 28092 LINCOLNTON, NC 28092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 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 UMANA, JESUS Street Address (P.O. Box Number is Not Acceptable) 3253 SW 150TH COURT MIAMI, FL 33185 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TILE ☐ Delete TITLE ☐ Change ☐ Addition UMANA, JESUS NAME STREET ADDRESS 3253 SW 150TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE 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 that ray 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 propowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SKINATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 23, 2006 8:00 am