2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF

FILED Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # M05000006224 1. Entity Name TRAJEN FBO, LLC Principal Place of Business Mailing Address 3131 BRIARCREST DRIVE, STE. 100 3131 BRIARCREST DRIVE, STE. 100 BRYAN, TX 77802 **BRYAN, TX 77802** 04032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0980201 Not Applicat \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CT CORPORATION SYSTEMS **DO NOT WRITE** 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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) CATE Filing Fee is \$50.00 Due by May 1, 2008 U00000515345 04/29/06-80206-010 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BUCARO, DAN 3131 BRIARCREST DRIVE, STE. 100 STREET ACCRESS CITY-ST-ZIP BRYAN, TX 77802 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 my signature shall have the same legal effect as it 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.

Daytime Phone #

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE