2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P95000068095** 1. Entity Name L 5006 INVESTMENTS, INC. Principal Place of Business Mailing Address 4010 N. DAVIS HWY 4010 N. DAVIS HWY PENSACOLA, FL 32503 US PENSACOLA, FL 32503 US 01142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3333576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, ROBERT EUR DO NOT WRITE 4010 N. DAVIS HWY PENSACOLA, FL 32503 IN THIS SPACE 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 reinsteiting) DATE U00000105651 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/07/04-80034-008 150.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LEWIS, ROBERT E JR 4010 N. DAVIS HWY STREET ADDRESS CHY-SI-ZIF PENSACOLA, FL 32503 TITLE MASSE STREET ADDRESS CHY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 3133.E IN THIS SPACE NAME STREET ADDRESS CRTY-ST-ZIP THILE NAME STREET ADDRESS CHY-SI-289

12. It hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR