


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90108 001 \*\*\*300.00

**DOCUMENT # L02000014360**

1. Entity Name  
 313 DUNBAR, LLC



Principal Place of Business  
 324 ROYAL PALM WAY, SUITE 204  
 PALM BEACH, FL 33480

Mailing Address  
 324 ROYAL PALM WAY, SUITE 204  
 PALM BEACH, FL 33480


30005970

2. Principal Place of Business - No P.O. Box #  
 5801 S. Dixie Hwy  
 Suite, Apt. #, etc.  
 Suite B  
 City & State  
 West Palm Beach

3. Mailing Address  
 5801 S. Dixie Hwy  
 Suite, Apt. #, etc.  
 Suite B  
 City & State  
 West Palm Beach

Zip  
 33405

Country  
 USA



05052008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 33-1008900

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.  
 ONE N CLEMATIS STREET, SUITE 400  
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIZNEY, DONALD R 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sury, ED 5801 S. Dixie Highway, Sbk B West Palm Beach, FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_