


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

|                                   |                                                                                   |
|-----------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000014360</b>    |  |
| 1. Entity Name<br>313 DUNBAR, LLC |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>324 ROYAL PALM WAY, SUITE 204<br>PALM BEACH, FL 33480 | Mailing Address<br>324 ROYAL PALM WAY, SUITE 204<br>PALM BEACH, FL 33480 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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| 2. Principal Place of Business - No P.O. Box #<br>5801 S. Dixie Hwy<br>Suite, Apt. #, etc.<br>Suite B<br>City & State<br>West Palm Beach<br>Zip<br>33405<br>Country<br>USA | 3. Mailing Address<br>5801 S. Dixie Hwy<br>Suite, Apt. #, etc.<br>Suite B<br>City & State<br>West Palm Beach<br>Zip<br>33405<br>Country<br>USA |
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05052008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number<br>33-1008900                                                                                                                         | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                            |                               |
| 6. Name and Address of Current Registered Agent<br>ANGELL CORPORATE SERVICES, INC.<br>ONE N CLEMATIS STREET, SUITE 400<br>WEST PALM BEACH, FL 33401 |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                    |                               |

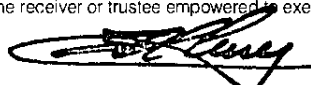
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                  |                                                              |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$538.75<br/>Due by September 12, 2008</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                        | 10. ADDITIONS/CHANGES                          |                                                                                                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DIZNEY, DONALD R<br>603 MAIN STREET<br>WINDERMERE, FL 34786<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Sury, ED<br>5801 S. Dixie Highway, S6 B<br>West Palm Beach, FL 33405<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 #