


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L01000003508 1. Entity Name DOUGHERTY & ASSOCIATES, LLC	
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Principal Place of Business 4048 DELTONA BLVD SPRING HILL, FL 34609	Mailing Address 4048 DELTONA BLVD SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOUGHERTY, JOHN A
10645 PINE ISLAND DR
SPRING HILL, FL 34607

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

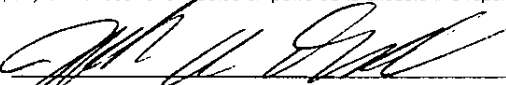
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGHERTY, JOHN A 10645 PINE ISLAND DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORMISTON, DAVID W 1161 GRANDA STREET CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/08 80018-007-138.75

**DO NOT WRITE
IN THIS SPACE**

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:  4/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Daytime Phone # _____