2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L01000007857 1. Entity Name DANDIE INVESTMENTS, LLC 01-24-2005 90100 018 ****55 00 Principal Place of Business Mailing Address 1994 TOM MORRIS DR. 1994 TOM MORRIS DR. **400000000** SARASOTA, FL 34240 SARASOTA, FL 34240 3. Mailing Address 2. Principal Place of Business 1245 Fraser PINE BLVD <u>1845 Fraser Pine blud</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 01172005 Chg-LLC 4. FEI Number Applied For City & State City & State Sar asot? <u>Sarasota</u> 65-1104439 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired 34240 ush USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME DEPAUL, DAVID N -Street Address (P.O. Box Number is Not Acceptable) -1994 TOM MORRIS DRIVE →chg Podress SARASOTA, FL 34240 1245 FRASER PINE BLUD. City SARASOTA FL 34340 8. The above named entity submits this statement for the purpose of changing its registered office or , in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DRVID N. DEPAUL MGRN Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change Addition TTDE TIME ☐ Delete DEPAUL, DAVID N NAME NAME 1245 FRASER PINE ALVD. 1994 TOM MORRIS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP SARASOTA, FL 34240 MGRM TITLE Delete ☐ Addition DE PAUL, CANDICE A NAME NAME 1245 FRASER PINE BLUD. STREET ADDRESS 1994 TOM MORRIS DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP SARASOTA, FL 34240 ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIME Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 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. 01-17-2005 941-37/-9/38 DAVID N. DEPAUL

FILED

Jan 24, 2005 8:00 am