2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 04; 2005 08:00 AM DOCUMENT # L02000027355 Secretary of State 1. Entity Name DRAGONFLY INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 80 MARK TWAIN LANE 80 MARK TWAIN LANE ROTONDA WEST FL 33947 US ROTONDA WEST FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E083 (10/04) City & State City & State 4. FE! Number Applied For 03-0487700 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPMAN, NELSON B Street Address (P.O. Box Number is Not Acceptable) 80 MARK TWAIN LANE **ROTONDA WEST FL 33947** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR HILE Delete Change Addition NAME CHAPMAN, ELAINE A STREET ADDRESS 80 MARK TWAIN LANE STREET ADDRESS CITY-ST-ZIP ROTONDA WEST FL 33947 CITY-ST-ZIP TITLE Delete TIME 1/00000215299 □ Change Addition NAME 02/05/05-80003-014 50.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIED E Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete titte Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete TOTALE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

941-691-0987