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Aug 07, 2003 8:00 am
Secretary of State
07-25-2003 90065 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027355

1. Entity Name
DRAGONFLY INVESTMENTS, L.L.C.

55053508

[redacted]

Principal Place of Business	Mailing Address
80 MARK TWAIN LANE ROTONDA WEST CHARLOTTE FL 33947	80 MARK TWAIN LANE ROTONDA WEST CHARLOTTE FL 33947

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
80 MARK TWAIN LANE	80 MARK TWAIN LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROTONDA WEST, FL	City & State: ROTONDA WEST, FL
Zip: 33947 Country: CHARLOTTE	Zip: 33947 Country: CHARLOTTE

4. FEI Number: 03-0487700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, NELSON B 80 MARK TWAIN LANE ROTONDA WEST CHARLOTTE FL 33947	Name: N/A 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 ______
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: OWNER/MANAGER NAME: ELAINE A. CHAPMAN STREET ADDRESS: 80 MARK TWAIN LANE CITY-ST-ZIP: ROTONDA WEST, FL 33947	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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.

SIGNATURE: Nelson B. Chapman SIGNATURE REQUIRED — 7-22-03 — 941-6976987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #