


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000033321 1. Entity Name D.K. BRIERY, CPA, PLC	
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Principal Place of Business 12627 SAN JOSE BLVD., STE. 601 JACKSONVILLE, FL 32223	Mailing Address 12627 SAN JOSE BLVD., STE. 601 JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRIERY, DIANNE K
12687 QUARTERHORSE TRAIL
JACKSONVILLE, FL 32223

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000885420
04/18/08-80013-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIERY, DIANNE K 12687 QUARTERHOUSE TRAIL JACKSONVILLE, FL 32223
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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: Dianne K Briery 4/8/08 904 880 3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #