2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 21, 2008 08:00 All Secretary of State DOCUMENT # L03000037050 1. Entity Name DUNAMIS PROPERTIES, LLC Principal Place of Business Mailing Address 8609 HURON CT. 8609 HURON CT. #27 #27 **TAMPA, FL 33614 TAMPA, FL 33614** 04162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0226273 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKWELL, PAUL B DO NOT WRITE 8609 HUZON CT. # 27 TAMPA, FL 33614 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000308042 05/06/08-80015-009 138.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE ROCKWELL, PAUL B MR. NAME STREET ADDRESS 8609 HURON CT. CITY-ST-719 TAMPA, FL 33614 MGRM TILE NAME ROCKWELL, EVELYN I MRS. STREET ADDRESS 8609 HURON CT., CITY-ST-ZIP **TAMPA, FL 33614** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-70