



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000039822</b> 1. Entity Name <b>DUNSON ROAD, LLC</b>	
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Principal Place of Business <b>302 S. MASSACHUSETTS AVE., STE. 223 LAKELAND, FL 33801</b>	Mailing Address <b>P.O. BOX 2955 LAKELAND, FL 33806</b>
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**DO NOT WRITE IN THIS SPACE**



02012008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>33-1072462</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HENDERSON, DAVID D  
302 S MASSACHUSETTS AVE.,  
STE. #223  
LAKELAND, FL 33801**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

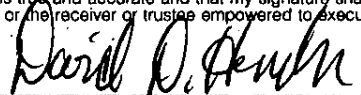
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, DAVID D P.O. BOX 2955 LAKELAND, FL 33806
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U000000817708  
02/15/08-80013-016 138.75

**DO NOT WRITE  
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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:**  **2/1/08** **(863) 682-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #