

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043861

Entity Name: DEAD DONKEY, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

423 FLEMING STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P O BOX 4766
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 20-0587600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS, KAREN
1407 SUN TERRACE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABANAS, KAREN
Address: P O BOX 4766
City-St-Zip: KEY WEST, FL 33041

Title: MGRM () Delete
Name: VOSS, BRANT
Address: P O BOX 4766
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABANAS, KAREN
Address: 1407 SUN TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: VOSS, BRANT
Address: 1407 SUN TERRACE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN CABANAS

MGRM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date