
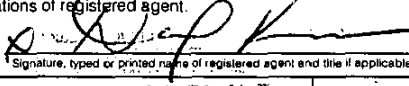



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90158 017 ***138.75

DOCUMENT # L03000052121 1. Entity Name DAVID KANE LLC																																	
Principal Place of Business 715 EAST SANDY ST LECANTO, FL 34461			Mailing Address 715 EAST SAVOY STREET LECANTO, FL 34461																														
2. Principal Place of Business - No P.O. Box # 715 EAST SAVOY ST		3. Mailing Address Suite, Apt. #, etc.																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State LECANTO, FL		City & State		4. FEI Number 20-0636235																													
Zip 34461		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent KANE, DAVID 5184 NORTH MINT PT. BEVERLY HILL, FL 34465			7. Name and Address of New Registered Agent Name KANE, DAVID Street Address (P.O. Box Number is Not Acceptable) 715 EAST SAVOY ST City LECANTO FL Zip Code 34461																														
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 4-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR KANE, DAVID 715 EASY SAVOY STREET LECANTO, FL 34461 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KANE, DAVID 715 EASY SAVOY STREET LECANTO, FL 34461 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
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:  4-15-08 352-613-7670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																	