2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L03000052273 1. Entity Name DENNIS SAPP LLC Mailing Address Principal Place of Business 1229 CLEARVIEW LN GRACEVILLE FL 32440 1229 CLEARVIEW LN GRACEVILLE FL 32440 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number 20-0732796 Not Applicat Zìp Country Z_{ip} Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAPP, DENNIS Street Address (P.O. Box Number is Not Acceptable) 1229 CLEARVIEW LN GRACEVILLE FL 32440 Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature, typed or primed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change TITLE TITLE MGR ☐ Delete NAME NAME SAPP, DENNIS STREET ADDRESS STREET ADDRESS 1229 CLEARVIEW LN CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE FL 32440 ☐ Change □ A^{cc} TATLE ☐ Delete TITLE NAME NAME U00000401734 02/02/06-80053-025 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIME Change | □ A6. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-27P ☐ Change □ Acia TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _ A 440 DΣF ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-279 CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CHY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am a managing member or manager of it limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

FILED

Jan 25, 2006 08:00 AM

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