

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 006 ***138.75

DOCUMENT # L03000057098

1. Entity Name

DAVID WRIGHT LLC



Principal Place of Business

1103 VIA DELUNA
PENSACOLA BEACH FL 32561

Mailing Address

1103 VIA DELUNA
PENSACOLA BEACH FL 32561

2. Principal Place of Business - No P.O. Box #

210 Panferio

3. Mailing Address

210 Panferio

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Beach FL

City & State

Pensacola Beach FL

Zip

32561

Country

U.S.
Escambia

Zip

32561

Country

U.S.

6. Name and Address of Current Registered Agent

WRIGHT, DAVID
1103 VIA DELUNA
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

David Wright

Signature, typed or printed name of registered agent and file # (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-08

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

TITLE MGR
NAME WRIGHT, DAVID
STREET ADDRESS 1103 VIA DELUNA
CITY-ST-ZIP PENSACOLA BEACH FL 32361

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME WRIGHT DAVID
STREET ADDRESS 210 Panferio
CITY-ST-ZIP Pensacola Beach FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-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 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:

David Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-22-08

Date

Daytime Phone #