

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000006080

1. Entity Name
DALLAS BIGBY METAL WORKS, LLC



Principal Place of Business
7251 LAVON DRIVE
MILTON, FL 32583

Mailing Address
7251 LAVON DRIVE
MILTON, FL 32583

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-2438947

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DALLAS, TERENCE
7251 LAVON DRIVE
MILTON, FL 32583

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGRM Delete
NAME DALLAS, TERENCE
STREET ADDRESS 7251 LAVON DRIVE
CITY-ST-ZIP MILTON, FL 32583

10. ADDITIONS/CHANGES

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE MGRM Delete
NAME BIGBY, JONATHAN P
STREET ADDRESS 5432 BERRYHILL ROAD
CITY-ST-ZIP MILTON, FL 32570

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition
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 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: *Terence R. Dallas*

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

January 18, 2008 850-981-9130

Date

Daytime Phone #