

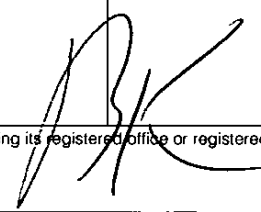
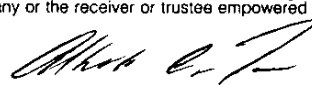


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000013208			FILED APR 29 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Entity Name DIRTY DOZEN, LLC			
Principal Place of Business 3175 FERNS GLEN DRIVE TALLAHASSEE, FL 32309		Mailing Address 3175 FERNS GLEN DRIVE TALLAHASSEE, FL 32309	
DO NOT WRITE IN THIS SPACE			
		04282008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 77-0623838 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENSON, ALBERT C 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308		DO NOT WRITE IN THIS SPACE 	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		500126784755 04/29/08--01023--009 **138.75 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAYBAR, BEN 3175 FERNS GLEN DRIVE TALLAHASSEE, FL 32309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  ALBERT C. PENSON (RA) 4/28/08 850-541-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>			