


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000014038 1. Entity Name MISS DAISY'S, LLC	
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Principal Place of Business 1024 WEST MAIN STREET LEESBURG, FL 34748 US	Mailing Address 1024 WEST MAIN STREET LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0771680	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TUCKER, ROBERT P
1024 WEST MAIN STREET
LEESBURG, FL 34748

**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 reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, ROBERT P 1423 WEST LINE STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, ANGELA 5028 LONG MEADOW DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, KEITH E 5028 LONG MEADOW DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOBULINSKI, WILLIAM H 1423 WEST LINE STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000767570
07/10/07-80009-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: William H Bobulinski 7-1-07 352-787-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #