## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Feb 12, 2008 8:00 am DOCUMENT # L04000027943 **Secretary of State** 1. Entity Name 02-12-2008 90064 012 \*\*\*138.75 BRADLEY DUKE DAUM, LLC Principal Place of Business Mailing Address 981 HWY 98 EAST 981 HWY 98 EAST SUITE 3-199 DESTIN FL 32541 SUITE 3-199 DESTIN FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State AP-PLIED FOR Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAUM, BRADLEY D Street Address (P.O. Box Number is Not Acceptable) 981 HWY 98 EAST SUITE 3-199 DESTIN FL 32541 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or project name of registered and it and title 4 applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Deleta TiTi E ☐ Channe ☐ Addition NAME NAME DAUM, BRADLEY D STREET ADDRESS STREET ADDRESS 981 HWY 98 EAST, SUITE 3-199 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 SITUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P ☐ Delete liftE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Delete THE ☐ Change ☐ Addition Table NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, Florida Statutes. Hurther 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytona Povine #

FILED