2007 LIMITED LIABILITY COMPANY

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-23-2007 90369 010 ****55 00 **DOCUMENT # L04000032639** 1. Entity Name DAKOTA BLUES, LLC 60038741 Principal Place of Business Mailing Address C/O DAVID G. BUDD 221 RAYFRONT DR **BONITA SPRINGS, FL 34134** 3033 RIVIERA DR #201 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O David G. Budd Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E083 (12/06) Chg-LLC 5551 Ridgewood Dr., City & State City & State 4. FEI Number Applied For Naples, 20-1164078 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34108 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEASLEY, BRIAN Street Address (P.O. Box Number is Not Acceptable) 221 BAYFRONT DR BONITA SPRINGS, FL 34134 City 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 2 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May:1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE 1 ☐ Delete TITLE ☐ Change ☐ Addition BEASLEY, BRIAN NAME NAME STREET ADDRESS 221 BAYFRONT DRIVE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP TITLE ·PST ☐ Delete TITLE ☐ Change ☐ Addition BEASLEY, BRIAN NAME NAME 221 BAYFRONT DR STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP A Change TITLE ☐ Delete TITLE ■ Addition RUDD, DAVID G NAME NAME BUDD, DAVID G STREET ADDRESS 3033 RIVIERA DR #201 STREET ADDRESS 5551 Ridgewood Drive, #501 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP

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STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. I hereby certify that the information supplied with this filting 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.

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Naples FL 34108

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(239) 514-1000 4/19/07 NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

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