

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90361 012 \*\*\*\*50.00

<b>DOCUMENT # L04000033822</b>					
<b>1. Entity Name</b> DON VAUGHAN L.L.C.					
<b>Principal Place of Business</b> 10913 NORTH BOULEVARD TAMPA, FL 33612			<b>Mailing Address</b> 10913 NORTH BOULEVARD TAMPA, FL 33612		
<b>2. Principal Place of Business - No P.O. Box #</b> 2665 Endsley Rd		<b>3. Mailing Address</b> 2665 Endsley Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Brooksville, Fla		<b>City &amp; State</b> Brooksville, Fla		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34604		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> VAUGHAN, DON 10913 NORTH BOULEVARD TAMPA, FL 33612			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u>Don Vaughan</u> DATE <u>4/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> VAUGHAN, DONALD R		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 10913 NORTH BOULEVARD	2665 Endsley Rd		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> TAMPA, FL 33612	Brooksville, Fla 34604				
<b>TITLE</b> NAME	STREET ADDRESS		CITY-ST-ZIP		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Don Vaughan</u> DATE <u>4/28/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					