

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000048063 1. Entity Name DUNEDIN PARTNERS, LLC	
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Principal Place of Business 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760 US	Mailing Address 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760 US
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01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1298359	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent NORTH, ANGELA F 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760

**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.

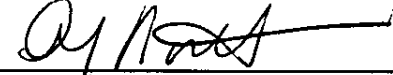
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKEL, GARY L 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, ANGELA F 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____