2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000052248

Entity Name: DEHON BUILDING INVESTORS, L.L.C.

Current Principal Place of Business:

32-C S.E. OSCEOLA STREET
STUART, FL 34994 US

New Principal Place of Business:

13 KNOWLES RD.
STUART, FL 34996 US

Current Mailing Address:

32-C S.E. OSCEOLA STREET
STUART, FL 34994 US

New Mailing Address:

13 KNOWLES RD.
STUART, FL 34996 US

FEI Number: 34-2008841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITALE, STEVEN G
32-C S.E. OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

VITALE, STEVEN G
13 KNOWLES RD.
STUART, FL 34996 US

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.

SIGNATURE: STEVEN G. VITALE 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VITALE, STEVEN G
Address: 32-C S.E. OSCEOLA STREET
City-St-Zip: STUART, FL 34994 US

Title: MGRM (X) Delete
Name: CARELLI, LEAH A
Address: 32-C S.E. OSCEOLA STREET
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VITALE, STEVEN G
Address: 13 KNOWLES RD.
City-St-Zip: STUART, FL 34996 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN G. VITALE MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date