

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061442

FILED
May 01, 2008
Secretary of State

Entity Name: D & W CAPITAL INVESTMENTS, L.L.C.

Current Principal Place of Business:

3601 S. PINE AVENUE
OCALA, FL 34471

New Principal Place of Business:

2605 NE 3RD ST
OCALA, FL 34470

Current Mailing Address:

3601 S. PINE AVENUE
OCALA, FL 34471

New Mailing Address:

2605 NE 3RD ST
OCALA, FL 34470

FEI Number: 56-2477078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITAKER, MICHAEL A
3601 S. PINE AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WHITAKER, MICHAEL A
2605 NE 3RD ST
OCALA, FL 34470 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITAKER, MICHAEL A
Address: 3601 S PINE AVE
City-St-Zip: Ocala, FL 34471

Title: MGR () Delete
Name: DEGATINA, JAMES
Address: 12145 SE 57 AVENUE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITAKER, MICHAEL A
Address: 2605 NE 3RD ST
City-St-Zip: Ocala, FL 34470

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: MICHAEL A WHITAKER

M

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date