2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063512

Entity Name: DICK DARKWOOD, LLC

FILED Aug 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7101 34TH AVENUE NORTH ST. PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

7101 34TH AVENUE NORTH ST. PETERSBURG, FL 33710

FEI Number: 20-1544959 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: Name and Address of New Registered Agent:

WHITE, CHARLES F
1332 TWILRIDGE PLACE
BRANDON, FL 33511 US
WHITE, CHARLES F
4702 W. EUCLID AVE
TAMPA, FL 33629 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: CHARLES WHITE 08/01/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 WHITE, CHARLES F
 Name:
 WHITE, CHARLES F

 Address:
 1332 TWILRIDGE PLACE
 Address:
 4702 W. EUCLID AVE

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:
 TAMPA, FL 33629

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOLT, WILLIAM C
 Name:

 Address:
 7101 34TH AVENUE NORTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33710
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES WHITE MGRM 08/01/2005