## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90038 013 \*\*\*\*50.00 DOCUMENT # L04000074813 1. Entity Name A DAWSON VENTURE, L.L.C. Principal Place of Business Mailing Address 60038438 P.O. BOX 25036 3576 SAN REMO TERRACE SARASOTA, FL 34239 SARASOTA, FL 34277-2036 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 04112007 Chg-LLC 3263 Alex Findlau Applied For 4. FEI Number City & State City & State Surabota Not Applicable 20-2469062 Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired П 34240 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. HGR MGR Change Ch Addition ☐ Detete TITLE TITLE Shortt, James D SHORTT, JAMES D NAME NAME Alex Findlay Place 3263 STREET ADDRESS 3576 SAN REMO TERRACE STREET ADDRESS Sarasota, FL 34240 CITY-ST-ZIF CITY-SI-ZiP SARASOTA, FL 34239 HGRM MGRM ☐ Delete Change ☐ Addition TITLE Short Leslie A 3263 Alex Findlay Place SHORTT, LESLIE A NAME NAME 3576 SAN REMO TERRACE STREET ADDRESS STREET ADDRESS Sarasota, FL 34240 SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-21P ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting 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 AND TYPED OR PRIMED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE