

FILED  
Jun 29, 2005 8:00 am  
Secretary of State

02-28-2005 90044 029 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                         |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000085580</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                        |                                                                              |
| 1. Entity Name<br><b>DALEWOOD ENTERPRISES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                         |                                                                              |
| Principal Place of Business<br><b>3482 TIFFINY STREET<br/>PORT CHARLOTTE, FL 33980</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Mailing Address<br><b>3482 TIFFINY STREET<br/>PORT CHARLOTTE, FL 33980</b>                                                              |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 3. Mailing Address                                                                                                                      |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | City & State                                                                                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                                                                                                     | Country                                                                      |
| 4. FEI Number<br><b>20-1936706</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Applied For<br>Not Applicable                                                                                                           |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | \$5.00 Additional Fee Required                                                                                                          |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>LILLY, MARIANNE L<br/>3482 TIFFINY STREET<br/>PORT CHARLOTTE, FL 33980</b>                                                                                                                                                                                                                                                                                                                                                                              |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                              |
| 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 agents.                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                         |                                                                              |
| SIGNATURE _____ DATE _____<br><small>Signature must be signed name of authorized agent and date if applicable. (NOTE: Registered Agent signature required when addressing)</small>                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                         |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | State check payable to<br>Florida Department of State                                                                                   |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 prepare this report as required by Chapter 605, Florida Statutes. |                                 |                                                                                                                                         |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 2-16-25 941-768-7585                                                                                                                    |                                                                              |