2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 02, 2007 08:00 AM Secretary of State

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1. Entity Name D & C, LLC



Principal Place of Business

1927 MALLORY SQ TALLAHASSEE, FL 32308 Mailing Address

1927 MALLORY SQ TALLAHASSEE, FL 32308



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2140313

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDELL, JOE W JR 1927 MALLORY SQ TALLAHASSEE, FL 32308

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| | bove named entity submits this statement for the purpose of cha oligations of registered agent. | nging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accep | | |
|---|--|--|--|--|--|
| SIGNATI | Signature, typed or printed name of registered agent and bite if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | 000000756709 85/23/07-80041-007 50.00 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE | MGRM CORDELL IR JOE WILSON TRUSTEE | | | | |

STREET ADDRESS 1927 MALLORY SQ CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

4/89/07

850-567-7222

D

Daytime Phone #