2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000022627 1. Entity Name DUGAR ANGELL CONSTRUCTION, LLC Principal Place of Business Mailing Address **4935 LYFORD CAY ROAD 4935 LYFORD CAY ROAD** TAMPA, FL 33629 TAMPA. FL 33629 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309

TAMPA, FL 33629

CICKIATURE

SIGNATURE

the obligations of registered agent.

FILED Apr 07, 2008 08:00 Al Secretary of State



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5135333

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

DO NOT WRITE

IN THIS SPACE

| SIGNATIONE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---------------------------------------|--|--|---|
| | NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | | 000000882578 04/16/08-80047-002 138.75 |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGR | | |
| NAME | ANGELL, WILLIAM W | | |
| STREET ADDRESS | 4935 LYFORD CAY ROAD | | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | |
| IUITE | | | |
| NAME | | | |
| STREET ADDRESS | | 00 | ALOTE VALOUTE |
| CITY-ST-ZIP | | | NOT WRITE |
| ТПLE | | 107 | THIS SPACE |
| NAME | | # I & I | I MID STACE |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| MITE | • | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 1 |
| 11. I hereby of indicated limited lia | I hereby certify that the information supplied with this filing 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exempte this report as required by Chapter 608, Florida Statutes. | | |

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