
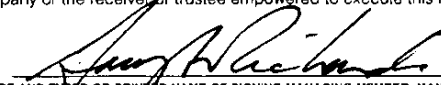


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90185 003 \*\*\*\*50.00

<b>DOCUMENT # L05000049807</b> 1. Entity Name <b>DINO VELVET, LLC</b>					
Principal Place of Business <b>2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803</b>			Mailing Address <b>2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803</b>		
2. Principal Place of Business - No. P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>20-4364612</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FEAR, CHRISTOPHER M ONE LAKE MORTON DRIVE LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name <b>Gary F. Richards</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 E. Edgewood Dr., Ste 102</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2/21/2007</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINO VELVET MANAGEMENT COMPANY 2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>2/21/2007</b> DAYTIME PHONE # <b>863/668-7333</b>	