

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050988

Entity Name: DAGERO LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

4890 BAYOU BLVD.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4890 BAYOU BLVD.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-2970256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET, STE. 800
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET
SUITE 800
PENSACOLA, FL 32502 US

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.

SIGNATURE:

04/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, J. D
Address: 2104 HUGHES ST.
City-St-Zip: BAINBRIDGE, GA 39819

Title: MGRM () Delete
Name: MCARTHUR, GERALD D JR.
Address: 4890 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: FAGGIONI, RONALD C
Address: 4890 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD C. FAGGIONI

MGRM

04/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date