


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90482 032 \*\*\*\*55.00

<b>DOCUMENT # L05000096506</b>	
1. Entity Name DUGAN FAMILY CO., LLC	

Principal Place of Business C/O BARBARA HPRRICK 1 FAIRVIEW DRIVE NORTH HAINES CITY, FL 33668	Mailing Address 312 GRAND CENTRAL PKWY BAYVILLE, NJ 08721
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3817412	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHRISTOPHER, PATRICIA A CPA C/O BARBARA HPRRICK <del>HORRICK</del> 1 FAIRVIEW DRIVE NORTH HAINES CITY, FL 33668
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7. Name and Address of New Registered Agent Name <u>Patricia Christopher</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O BARBARA HORRICK</u> <u>1 Fairview Dr North</u> City <u>Haines City</u> FL Zip Code <u>33668</u>
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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 <u>Patricia A. Christopher</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	DATE <u>3/5/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTOPHER, PATRICIA A 409 LEXINGTON AVENUE TOMSRIVER, NJ 08753 <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	MGRM DUGAN, ANN 48 DERBY DRIVE GALLOWAY, NJ 08205 <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
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

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: <u>Patricia A. Christopher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3/5/07</u> DAYTIME PHONE # <u>732-793-7802</u>