2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90329 044 ****50.00

DOCUMENT # L05000107001

1. Entity Name
DADDY'S GIRL INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
1194 COOPER CREEK DRIVE TALLAHASSEE, FL 32311	P.O. BOX 10055 TALLAHASSEE, FL 32302

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7922 N Southwood Circle	P.O. Box # 848096
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL	City & State: Pembroke Pines, FL
Zip: 33328 Country: USA	Zip: 33084 Country: USA

4. FEI Number: APPLIED FOR 20-3752854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCIS, BROOK M 1194 COOPER CREEK DRIVE TALLAHASSEE, FL 32311	Name: Brook Eneas Street Address (P.O. Box Number is Not Acceptable): 7922 N. Southwood Circle City: Davie FL Zip Code: 33328

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: [signature] 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCIS, BROOK M 1194 COOPER CREEK DRIVE TALLAHASSEE, FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brook M. Eneas 7922 N. Southwood Circle Davie, FL 33328	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENEAS, RAYMOND 1101 NW 58TH TERRACE 108 FT. LAUDERDALE, FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Raymond Eneas 7922 N. Southwood Circle Davie, FL 33328	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/30/07 954-678-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #